VA HEALTH CARE DELIVERY IN NORTHWESTERN OHIO

HEARING

BEFORE THE

SUBCOMMITTEE ON
HOSPITALS AND HEALTH CARE

OF THE

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HOUSE OF REPRESENTATIVES

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VA HEALTH CARE DELIVERY IN NORTHWESTERN OHIO

MONDAY, AUGUST 13, 1984

House of Representatives,
Subcommittee on Hospitals and Health Care,
Committee on Veterans' Affairs,
Washington, DC.

The subcommittee met, pursuant to notice, at 4:20 p.m., at the Central LaGrange Senior Citizens Center, 3015 LaGrange Street, Toledo, OH, Hon. Bob Edgar (chairman of the subcommittee) presiding.

Present: Representatives Edgar, Kaptur, Rowland, and Montgomery (ex officio).

Mr. **Edgar**. The Subcommittee on Hospitals and Health Care will come to order.

I am Congressman Bob Edgar. I would like to welcome all of you here today. I chair the Subcommittee on Hospitals and Health Care.

Before we begin our hearing, I would like everyone to stand and give the Pledge of Allegiance to the flag.

[Pledge of Allegiance.]

Mr. **Edgar**. I apologize. I may have stepped on one of our coordinator's feet in terms of leading the Pledge of Allegiance. Mr. Dombrowski, please stand and be recognized. Would everyone give him a round of applause. [Applause.]

Those of us from Pennsylvania often rush things, and I apologize for that. We are starting just a few minutes late because of our earlier press conference, but it is a real pleasure to be here.

At this time I would like to call on Congresswoman Marcy Kaptur, who is the Congressperson from this area, for opening remarks. Then I will yield to my colleague, Dr. Roy Rowland, who is a physician and a Member of Congress from the State of Georgia, for his remarks. I will then give some opening remarks to clarify why we are in Toledo today and what the purpose of our hearing is. Then we will move quickly to our witnesses.

I would now like to call on our colleague, a very active and important member of the Subcommittee on Hospitals and Health Care and a member of the full House Veterans' Affairs Committee, who in her first term in Washington has distinguished herself as a leading activist for all veterans and has worked very diligently with us on a number of veterans' issues. Marcy Kaptur.

OPENING STATEMENT OF HON. MARCY KAPTUR, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Ms. KAPTUR. Thank you, Mr. Chairman. [Applause.]

I think that is the first time, Mr. Chairman, I have ever gotten applause at a committee hearing when I was introduced.

Mr. Chairman, it is an honor and a pleasure for me to welcome you and to welcome members of the Subcommittee on Hospitals and Health Care to the Toledo area. Congressman Lane Evans from Illinois was with us for most of the day, for the lunch, for the tour of the facility, and the press conference. He had to go back to the State of Illinois on pressing business and will not be joining us for the formal part of the hearing, though I can guarantee you he will read the record.

It is also an honor and a pleasure for me to announce that Congressman Sonny Montgomery, chairman of the full House Committee on Veterans' Affairs, will be joining us here in just a few hours. He was at a Paralyzed Veterans meeting in the Deep South this morning and we had trouble getting him plane connections, but he should be here later in the day.

This is truly a momentous occasion for us here in the ninth district because, as far as we can tell, it is the first time that the chairman of the House Veterans' Affairs Committee and the chairman of the Subcommittee on Hospitals and Health Care have ever been to the Greater Toledo area for a hearing on veterans' issues.

Mr. Chairman, the subcommittee hearings which you have held across the country over the past 1½ years have provided me with insight into the workings of the Veterans' Administration health-care system. These hearings have also provided veterans across the country with the invaluable opportunity to testify before this House subcommittee which makes decisions on matters which deeply affect their well-being. I am very pleased that veterans from the ninth district in Ohio are being given this great opportunity to describe their needs and the ability of the existing local and regional system to handle the demands placed on it.

The series of hearings which the chairman has scheduled are also particularly timely in light of the major changes which the VA health-care delivery system will undergo in the near future. The number of veterans of age 65 and older is increasing dramatically. In 1980, there were 3 million veterans 65 years of age and older. By the year 2000, there will be three times that many, 9 million such veterans, representating one-third of the total veteran population and two-thirds of the U.S. male population in that age range. I commend the chairman of the subcommittee for his foresight in planning field hearings to address veterans' health-care issues at this critical juncture.

Since I have been in Congress, I have heard from countless veterans in my district—and I know some of them are here today—about problems which they have had at the Toledo outpatient clinic which we visited earlier today, and with the outpatient/parent facility system in general.

These complaints cover such issues as the following: first, the long wait to obtain an appointment; second, the lack of geriatric, gynecology, and ambulatory surgery services at the satellite clinic;

third, the inconvenience of traveling to the VA medical centers in Ann Arbor and Cleveland for routine medical examinations; and fourth, rushed exams at the outpatient clinic. I am sure that veterans testifying today will touch on these matters and many more.

When evaluating whether or not Toledo area veterans are being provided with the top notch health care one should expect from a VA facility, we should keep in mind the four-part mission of the Toledo outpatient clinic: first, it should provide for the preliminary diagnosis of a veteran's health-care needs and provide general health care services for veterans; second, it should provide for follow up care for chronically ill veterans whose condition has been previously treated and is stable; third, it should provide for post-surgery patients; and fourth, it should provide for comprehensive ambulatory mental health services focusing on the personal, social, and family dimensions of the patient's problems.

Please let me stress that complaints about the outpatient clinic are not a reflection on the clinic staff. Rather, the complaints all stem from an insufficient number of personnel, not poor quality. According to VA staffing guidelines for outpatient clinics, the Toledo clinic is understaffed by almost 15 full-time employees.

Before yielding back to the chairman, I would like to quickly share the background of the outpatient clinic with members and veterans here today. In 1946, the year I was born, the Congress appropriated funds for the construction of a 1,000-bed hospital in Toledo. Unfortunately, the construction was canceled in 1949 after $100,000 had been spent on it in order to comply with President Truman's 1949 budget message. The House of Representatives again authorized the construction of a Toledo hospital in 1951, but the Senate never considered the matter. The chance for a veterans' hospital in Toledo died when the General Services Administration disposed of the tract for the hospital in 1954. Over 20 years later, in 1975, the VA decided to open an outpatient clinic, not a hospital, in Toledo. The doors of the outpatient clinic didn't open until May 1979.

Mr. Chairman, thank you again for arranging this subcommittee hearing for veterans in our ninth district. I am looking forward to hearing more today about their various concerns.

Thank you.

Mr. **Edgar**. Thank you very much for your opening statement. I would like to yield now to Dr. Roy Rowland, a Member of Congress from the State of Georgia, who has been an activist on our committee and particularly helpful in asking the very difficult and tough medical questions that are important for our committee to consider.

OPENING STATEMENT OF HON. J. ROY ROWLAND, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF GEORGIA

Dr. **Rowland**. Thank you very much, Mr. Chairman.

Those of us from Georgia will be very brief in our remarks, so those of you from Pennsylvaina can hurry along when you get the microphones back again. [Laughter.]

I just want to let you know that this is my first visit to Toledo. Driving in from the airport this morning, I was pleased to see such a neat and clean city. I want to commend all of you on the very nice place that you have here to live. Many of the places I have been to around the country do not compare to Toledo. I am very pleased to be here.

I want to just say a word or two about Marcy. She and I came to the Congress at the same time. I can tell you, she is a very dedicated, hard-working person. She is on the leading edge of looking out for the veterans in this country. It is a real privilege for me to have the opportunity to work with her and I look forward to working with her in the future.

Marcy, Mr. Chairman, thank you for bringing this hearing here to Toledo. I think it is a continuation of the efforts that we have been trying to make to learn what is taking place in our Veterans' Administration facilities around the country. Thank you very much.

Mr. EDGAR. Thank you very much for that statement. And, without objection, there will be a number of opening statements placed in the record.

OPENING STATEMENT OF CHAIRMAN EDGAR

Mr. EDGAR. What we hope to do in the next several hours is to spend about the first 1½ hours with panel discussions from you talking to us and helping us to understand the quality and quantity of veterans health care in this region of northwestern Ohio. That will be followed by an open-mike session, and we hopefully will be joined by the chairman of the full House Veterans' Affairs Committee, the Honorable Sonny Montgomery, who will be flying in a little bit later. We will then, with that open-mike session, hear from the audience your concerns and questions, and we will try to be as responsive as we can to your questions.

This is not our first hearing. As I indicated, and as Marcy indicated, we have been across the country. We have been to Chicago and to Boston and to San Francisco. We have been to Florida, to Colorado. We have been to hospitals and to aging facilities. We have been to new facilities. We have been to clinics. We have been to readjustment counseling centers. We have had the opportunity in the last 1½ years to look at some of the medical research centers across the country.

Many of you are aware that the VA spends about $200 million in medical research, not just in prosthetics but also in the kinds of health-care areas that are important to all of you. We have nine geriatric research centers looking at the problem of aging veterans. We have a number of centers looking at cancer research and heart research, and two of our researchers have won Nobel Prizes in the last 10 years. We have gone across the country and introduced ourselves to many of those people who are on the cutting edge of health care.

I have been in Congress for the last 10 years, since 1974, and I have had the privilege of serving for 10 years on the House Veterans' Affairs Committee. I can tell you, over that 10-year process, while the members of the committee have been very diligent in trying to provide quality care, we have been alarmed at the lack of financial resources available, we have been concerned about the replacement of existing hospitals, and the placement of new facilities.

But we are particularly concerned that, as a result of our hearings, we have discovered that we have five critical issues that we have to concern ourselves with. The first is the issue that Marcy mentioned, which is the aging veteran. By 1990, more than half of all American males over the age of 65 in the United States will, in fact, be veterans. We will double the number of veterans in just 6 years who are age 65 or older. And with age comes a higher incidence of use of medical facilities. That means we are going to double the pressure on our facilities of those aging veterans in a very brief period of time. We will be able to build some new hospitals, some new clinics, but we will not be able to meet that whole need simply with new construction. And so we are interested in looking across the country at innovative ways to provide that quality health care.

A second concern for us is the concern of Vietnam-era veterans, that they be adequately cared for. Whether it is the issue of agent orange, whether it is readjustment counseling centers, whether it is post-traumatic stress disorder, we are interested in that area.

A third area is the issue of atomic veterans. We have some 250,000 veterans who were exposed to atmospheric testing of nuclear weapons. Recently the Federal courts have provided compensation for the downwinders, the people who lived downwind of some of those nuclear tests. We are concerned about the higher incidence of cancer that is being experienced by some who were exposed to those nuclear tests.

A fourth area of concern to us is women veterans. With the Vietnam war and the all-volunteer military, more and more women veterans are coming into the health-care system, and that system has not always been adequate to care for the private needs as well as the special and unique needs that women may have in medical care.

Finally, we are very concerned about resources, will the number of dollars spent in health care be sufficient to provide that quality care. We presently spend $8.1 billion of Federal money in providing health care, and another billion dollars of construction funds, a total of about $9 billion committed to the health care of veterans. That figure will not grow substantially over the next 10 years unless there is major effort to provide that care. And within those dollar amounts we are going to have to look at ways to provide creative health care.

Let me just point out that this continuing series of oversight hearings is particularly important at this time due to the crossroads that the VA health care delivery system faces over the next 5 to 10 years in providing quality and quantity medical service to eligible veterans.

Medical District 14 has six VA health care facilities, four medical centers, and two satellite outpatient clinics. These six facilities serve the counties of the Lower Peninsula of Michigan and the three northwestern Ohio counties of Lucas, Fulton, and Wood. $171,152,581 and 4,321 employees have been allocated to provide health care to eligible veterans in this region. The medical district served 488,523 veterans in fiscal year 1983. The Ohio veteran population was 1,406,000 in 1980. It is projected to be 1,288,000 in 1990. Yet the number of veterans age 65 or older in Medical District 14 will increase by 109 percent in 1990, and by the year 2000 it will increase by 132 percent from the 1984 number.

We toured the satellite outpatient clinic here earlier today. We are interested in its operation, as well as its projected workloads. We hope that the VA testimony will provide a comparison between the operations of a satellite outpatient clinic versus an independent outpatient clinic.

Let me call now our first panel of witnesses. We will hear first from Mr. Ed Cook of Toledo and Mr. Howard Schaetzke—not bad for a beginner. We would like to have them come forward at this time to present their testimony.

Gentlemen, because of the number of witnesses that we have, the full text of your statement will be made a part of the record, without objection. I would ask that you and all the other witnesses take a look at your statements and try to keep your statements within 5 minutes, if possible. That will give us an opportunity to adequately question you about your statements. If you have to skip over a paragraph or a few words or a few sentences, the full text of your statement will be made a part of the official record, which will be available not only to Members of Congress but we'll make copies available through Marcy Kaptur's office to all of you.

I really appreciate your taking the time to come here today, and we will hear first from Mr. Schaetzke.

STATEMENTS OF HOWARD H. SCHAETZKE, EX-PRISONER OF WAR, TOLEDO, OH; AND EDWARD M. COOK, FIRST VICE-CHAIRMAN, OHIO STATE COUNSEL, VIETNAM VETERANS OF AMERICA

STATEMENT OF HOWARD H. SCHAETZKE

Mr. SCHAETZKE. Thank you, Congressman.

In May of 1945, when we prisoners were liberated, we received approximately a 5-minute physical examination. Nearly 40 years later, the Government has finally addressed the problem of former POW's by passing Public Law 97-37 that calls for a voluntary physical evaluation.

I am here to relate my experience on the voluntary medical examination afforded all ex-POW's. I had my choice of going to Cleveland or Ann Arbor. Since living in Toledo, Ann Arbor is a much shorter drive. Being in contact with the people at Cleveland, they set up my examination that was canceled, but they sent an itinerary on the day I was to be examined, from the time I would arrive there until the time I left. Everything was scheduled, where I was to go and so forth.

Upon being scheduled at Ann Arbor, I received one little piece of paper that said report at 8:30 at station seven, which I did. I checked in with the lady at 8:15. I was told to take a seat. At 10:30, after a 2-hour wait, I was finally called in.

Now, according to Public Law 97-37, ex-POW's are to receive preferential treatment. Well, I don't call this preferential treatment, waiting 2 hours.

Finally I was called in to a man called a POW doctor. The man had before him all of my medical records that were sent in by my private physician and specialist. He began to leaf through them, not having preread them. As he leafed through the records, he said to me, "I can't read these. These are copies." So then he proceeded to examine. I had blood pressure, heart, and lungs. The doctor told me I was in fine physical condition.

At this time I was losing my temper. I said, "Doctor, how in the hell do you know what condition I'm in if you haven't read my medical records?" I proceeded to tell him what was wrong with me. Every time I told him some of my problems, he said, "Well, that comes with age" or this or that, "you're all right." I almost had to insist on certain x rays and tests.

After dealing with this doctor, I was then sent down to the station to make another appointment. Now, mind you, Cleveland had me set for 1 day. I returned to Ann Arbor six times. Really, you would go up for x rays that would take 15 minutes, then I would hit the road back to Toledo. This went on for a period of a couple of months. I also had consultation with what is known as the POW coordinator who is a gentleman that is supposed to know about the problems of the POW's.

It is very common knowledge that POW's from this one prisoner of war camp, Stalag Luft 4, were on the road for 86 days, suffering inhumane treatment, lack of food, water, medical, what have you. In talking with this gentleman, he was not even aware of this forced march that really was one of the bases that POW's used to point out all these problems that transpired during this period of time. I feel that the communication between the people who passed Public Law 97-37 and the people who administer it is lacking. I have a very bitter taste in my mouth about my physical examination, the way I was treated by the POW doctor, and waiting 39 years to get a physical is a little too much.

I thank you.

[The statement of Howard Schaetzke appears at p. 53.]

Mr. **Edgar**. Thank you very much for your testimony.

Howard, if you would just wait there until we hear from Edward Cook, who is the second panelist. Edward, we invite you to proceed and hope that you can keep your statement also within the 5-minute time frame.

STATEMENT OF EDWARD M. COOK

Mr. **Cook**. OK. Thank you very much.

Mr. Chairman and members of the committee, I am Edward Cook. I appreciate the opportunity to speak here today on health care services in northwest Ohio.

Mr. Chairman, in my opinion, many shortcomings exist in Toledo at the VA clinic. I think the most obvious is the lack of personnel to treat patients. From my own personal experiences, I know the wait for an appointment right now is somewhere around 5 or 6 months. Furthermore, for myself, orthopedic services do not even exist in Toledo, and all orthopedic patients are referred to Ann Arbor. This procedure imposes an additional wait on veterans while an appointment there is scheduled.

Once you get to Ann Arbor, various things happen. For instance, the last time I went I spoke to an orthopedic surgeon there. He was unfamiliar with me, of course, because that was the first time he had examined me. He looked through my medical records, which have a history stemming from gunshot wounds and shell fragment wounds. He gave me a quick examination, basically just looking at my wounds. Within a period of 2 minutes, he told me that at this short notice there wasn't anything he could do and that he would have to observe me for a while and he gave me another appointment for about 6 weeks later.

Six weeks later, when I showed up, there was another doctor to be seen. The one I had seen 6 weeks earlier had moved on somewhere else. Basically what happened was what happened before. This new physician I was seeing wanted to observe me for a while. They gave me another appointment. I came back and I saw yet another physician. So I limited what was going on by dropping out of the treatment there and have since been going to a private physician to be treated for my wounds.

Another thing that comes to mind is most of the time when I go there for treatment they don't take very much time in listening to what you have to say because they have so many patients waiting. One of the things that they do there is prescribe a lot of medication. They just give me one type of medication after another. I told them it doesn't work, or I have stomach problems from the medication I have taken. They give me medication for my wounds. They give me medication for my stomach so I can take medication for my wounds. So now I'm seeing a private physician and I don't take any medication at all.

I have brought some samples of the medication the VA had me taking. This is just in a time period of about the last year, and this is only about one-third of my prescriptions. I used the rest up and threw the bottles away.

I have also received counseling at the outpatient clinic from Dr. Hy Kisin for PTSD. I was a combat infantryman in Vietnam and saw a lot of action there. I was having a little bit of readjustment problem. For years I thought I was crazy, and then I found out there was PTSD.

I voluntarily dropped my treatment for PTSD at the VA for a number of reasons. For one, the unavailability of Dr. Kisin on a daily basis was a definite detriment to my treatment. I had to wait sometimes up to 3 weeks to get an appointment with him, and on days when I felt I could really use some counseling I would often call and he would be completely unavailable.

I have also been to the West Center for Community Mental Health here in Toledo to seek counseling for PTSD, since they hold a VA contract to provide Vietnam veterans with such services. After discussing the available program with the director, it became apparent I was not going to get the care I felt I needed. The two people that were responsible mainly for administering the program had absolutely no training in PTSD at the time, and they admitted to me that they were in a learning process as they went along. So I left there pretty confident that they had nothing to offer me.

I am very disappointed by the health care services in this area. I have been to the clinic in Ann Arbor. I have been a patient at Ann Arbor three times. I have had corrective surgery there twice. The second time I felt like I was in a meat market. I was scheduled to have my surgery by one orthopedic surgeon, and when I showed up for the surgery he had left and another one did the job. It wasn't exactly what I was supposed to have gotten anyway.

There is one comment that I would like to make positively about the clinic here in Toledo, and that is the fact that it is always kept very well, very well kept, very neat, very clean. In most of my contacts with the people working there, they have been very nice and pleasant and seem to try to be doing the best job that they can.

Thank you.

[The statement of Edward Cook appears at p. 54.]

Mr. EDGAR. Thank you very much for your testimony.

Let me yield to my colleague, Marcy Kaptur, to begin the questioning.

Ms. KAPTUR. Thank you.

I wanted to ask Mr. Schaetzke, are you under a private physician's care at this point, or do you continue to work with the VA?

Mr. SCHAETZKE. No, I am under a private physician's care for ailments that supposedly were the result of my internment.

Ms. KAPTUR. So you no longer go to the VA facility for care, correct?

Mr. SCHAETZKE. Just dental.

Ms. KAPTUR. And, Mr. Cook, you no longer go to the VA?

Mr. COOK. Well, an interesting thing, about 6 weeks ago my family physician was out of town and I had a severe sinus problem. I went to the VA and saw a physician there. He told me he didn't think I had a sinus problem, so I went back home. The next day I called the referral service for my family physician and they referred me to a nose specialist. I went in there and they found out I had a staph infection of the sinuses.

But other than that, no, I don't go there regularly for care any more.

Ms. KAPTUR. I have found both your testimonies very enlightening and I'm glad that the personnel from the Ann Arbor medical center are also in the audience today and are listening to all of this.

Thank you, Mr. Chairman.

Mr. EDGAR. I yield to my colleague, Dr. Rowland.

Dr. ROWLAND. Mr. Cook, you said it took about 5 or 6 months for you to get an appointment with the orthopedic surgeon?

Mr. COOK. Yes.

Dr. ROWLAND. Is that in Ann Arbor?

Mr. COOK. Well, what happens is, if I have some type of orthopedic problem, I was told I should go to the Glendale clinic and try to have it remedied there. If I call the Glendale clinic, it takes about 4 or 5 months. In fact, I was there in June. I saw Dr. Cather. He asked me to come back. I went to the desk and they told me the nearest appointment I could get would be November 8, 1984, which is 5 months.

Dr. ROWLAND. That was to go to Ann Arbor?

Mr. COOK. That was to come back to Toledo for a followup.

Now, if I want to go to Ann Arbor, they will call Ann Arbor. The last time it took about 3 weeks to get an appointment from Toledo to Ann Arbor.

Dr. ROWLAND. Let me make sure I understand this, now.

It took you 5 or 6 months to get an appointment for a return visit to the outpatient clinic here in Toledo?

Mr. COOK. In Toledo, correct, and 3 weeks to get an appointment for Ann Arbor.

Dr. ROWLAND. Would you say the problem that you have experienced here, based on what I heard you say, is that there is not good professional care here but that the building and the facilities are nice——

Mr. COOK. A beautiful building.

Dr. ROWLAND. You are treated fairly nice by the personnel, but you don't think the professional care is what it should be; is that what you're saying?

Mr. COOK. Correct, sir; yes.

Mr. EDGAR. Would the gentleman yield?

Dr. ROWLAND. Yes, sir; I yield.

Mr. EDGAR. I think I need a clarification of that answer. I thought I heard you say the number of medical personnel at the clinic was the problem.

Mr. COOK. Yes; I would like to clear that up.

Yes I think the problem is, first of all, there isn't an orthopedic surgeon at the clinic, so that right there my problem is sort of——

Mr. EDGAR. Only on the sinus issue did I hear you talk about the quality of advice that was given.

Mr. COOK [continuing]. Yes; I can't say that I've ever gotten any bad advice, medical advice, from the Glendale clinic, other than the sinus issue.

Mr. EDGAR. Thank you. I yield back.

Dr. ROWLAND. I appreciate that clarification. I was going to follow up on that very point with Mr. Schaetzke, who said that he doesn't go to the clinic here any longer.

Mr. SCHAETZKE. No, I don't. Just for dental.

Dr. ROWLAND. And why don't you go to the outpatient clinic here? Are you taking some medication now?

Mr. SCHAETZKE. Yes.

Dr. ROWLAND. Why don't you go to the outpatient clinic here now?

Mr. SCHAETZKE. I feel that timewise I can see my family physician at any time within a couple of days, and I feel more comfortable. The element of time, getting an appointment, driving to the clinic or whatever, it is just too long a period of time when you have problems.

Dr. ROWLAND. You mentioned that you were disturbed about the fact that the doctor who saw you did not realize the problem that POW's have?

Mr. SCHAETZKE. Right. I also feel, in my layman's opinion, right off the cuff, that he was incompetent.

Dr. ROWLAND. Professionally incompetent?

Mr. SCHAETZKE. Yes; somebody who is in that position as a POW doctor should have compassion, should not tell a man outright that he is in fine physical condition without reading medical reports, and also everything that I told him was wrong with me, you know, "that's old age" or "we all have that." Well, that's baloney.

Dr. ROWLAND. Mr. Cook, you felt that the doctors you did see were competent people, and it was just that there was an inadequate number of doctors there to take care of the problems that you had?

Mr. **Cook**. I would say that is true in Toledo, but I have had experiences in Ann Arbor with orthopedic surgeons that I felt that I was getting maybe less than adequate care.

Dr. **Rowland**. I was particularly referring to the Toledo clinic.

Mr. **Cook**. Yes; in Toledo, that is correct.

Dr. **Rowland**. Thank you very much.

Thank you, Mr. Chairman.

Mr. **Edgar**. I have a couple of questions for you.

Howard, I was part of Congress when we put together Public Law 97-37 to do the POW evaluations in the medical facilities. Through the course of the hearings that I have had across the country, we have heard similar complaints.

The question I have of you is, what was the date of your visit to the Ann Arbor facility, by month and year?

Mr. **Schaetzke**. I have it. It was either April 13, or March 13 of 1984.

Mr. **Edgar**. Of 1984?

Mr. **Schaetzke**. Right.

Mr. **Edgar**. The reason I asked that question is that we have found that because the public law was just passed toward the end of the last Congress, and that the first forms sent out to the physicians, the so-called POW physicians, were inadequate, and the training of those physicians was very weak, to focus primarily on ex-prisoners of war, that the quality of the early examinations were very poor.

We have received testimony, both in Washington and out in the field, that some of the hospitals—and it is hot and cold across the country—have really seen a marked improvement, because the quality of the forms the physicians are using for the examinations were improved to provide physicians with information such as you suggested about certain prisoner of war camps and conditions which existed.

One of the things we have tried to encourage the VA to do is to do some in-service training of the physicians who are doing the examinations, to bring them up to speed in terms of the uniquenesses that we have discovered through studies and research on former prisoners of war, so that they are better equipped to handle the problems that you face. I can tell you that we will look into the way in which the examinations are given at the Ann Arbor facility. But I want you to know that it is a relatively new law and, like anything else, we in Congress can create a law, but it goes through a number of hands before it actually gets administered at the local hospital level.

We are going to need your help and the help of your national organization, the Ex-Prisoners of War, to work with the medical doctors and the directors of the hospitals. I hope that your association has regular meetings with the VA directors, both at the clinic and at the hospital level, to improve the quality of those examinations. We will be looking at that very carefully.

Mr. Cook, let me just comment to you. I appreciate the frustration which you have expressed as well. You mentioned the readjustment counseling centers. I am concerned about the comments you made about the contracted care that is being provided because we just extended that program for 4 additional years. We have found in many parts of the country that they have done an excellent job in reaching out, particularly to veterans, many like yourself, who find the antiseptically clean and sterile settings of either the outpatient clinic or the hospital not the kind of place they want to go, so the storefront or community-based psychiatric units and readjustment counseling centers have been better at finding causes and symptoms of post-traumatic stress disorder and other diseases related to Vietnam.

Again, I would like to ask you, did you attend that outreach clinic in its early stages, or was that a very recent visit that you're describing?

Mr. **Cook**. At the outpatient clinic?

Mr. **Edgar**. The readjustment counseling center.

Mr. **Cook**. It was probably within 60 days of it opening.

Mr. **Edgar**. Sixty days of its opening?

Mr. **Cook**. Yes; of getting the contract. They were open before that.

Mr. **Edgar**. Well, I hope we can monitor the quality of care. One of our problems with contracted services is that it is harder for us to control the quality of that care. We have discovered that some of the centers who have Vietnam veterans on staff and who have some experience of combat duty have been better at struggling with the needs of Vietnam veterans.

Mr. **Cook**. I agree.

Ms. **Kaptur**. Mr. Chairman, might I——

Mr. **Edgar**. I yield to my colleague.

Ms. **Kaptur**. Thank you.

I just wanted to express a desire, that when the representatives of the Ann Arbor Medical District testify, that they would specifically address the concerns that both these gentlemen have mentioned in their testimony.

Thank you, Mr. Chairman.

Mr. **Edgar**. Thank you very much. I have no further questions.

Our next panel will be made up of the service officer of the Lucas County Soldiers Relief, the national service officer of the Military Order of the Purple Heart, the commander of the Maumee Valley Ex-Prisoners of War, the service officer for the Maumee Valley Ex-Prisoners of War, and the service officer for chapter 27, Disabled American Veterans.

Will those persons please come as panel two and take your places?

We are going to begin with Mrs. Ann Checchio. Again, I appreciate everyone's patience and we look forward to hearing the statements of all those who are here. Again, I would ask you, if you could, to try to keep your statements to 5 minutes or less. All of your statements, the entire statement, will be a part of the record, and we ask that you begin and go right to the issue.

Ann, will you begin?

STATEMENTS OF ANN CHECCHIO, SERVICE OFFICER, LUCAS COUNTY SOLDIERS RELIEF COMMISSION; LAWRENCE H. MATTES, NATIONAL SERVICE OFFICER, MILITARY ORDER OF THE PURPLE HEART OF THE USA; MAURICE SCHWARTZ, COMMANDER, MAUMEE VALLEY EX-PRISONERS OF WAR, ACCOMPANIED BY CHARLES FERGUSON, SERVICE OFFICER; AND RUTH KUBACKI, SERVICE OFFICER, TOLEDO CHAPTER, DISABLED AMERICAN VETERANS

STATEMENT OF ANN CHECCHIO

Mrs. CHECCHIO. Thank you, Mr. Chairman, and members of the committee.

I am giving a two-part testimony, one as the county service officer and one as a Vietnam-era veteran. This is part one.

As county service officer, my responsibilities are vast and varied. They encompass the filing of VA benefits for veterans, widows, and their children. I also have had the responsibility of referring many veterans to the outpatient clinic when they requested medical assistance over the last 4 years that I have been county service officer.

In the last 2 years the cries from these veterans for more efficient care at the outpatient clinic have been too numerous to mention or overlook. They come to me with the same story. When the clinic opened their doors in 1979 and services began, it was wonderful. The clinic was praised by all, as well it should have been. It was efficient and very little time was wasted. The most important fact was that there were no more long trips to Ann Arbor or long waiting lines. The clinic was convenient and very little time was spent waiting for a doctor.

The clinic ran smoothly until May 1981. At that time the IG came from Washington and decided that the clinic could get along with a staff of 10 medical personnel instead of the 18 they had initially employed. To my knowledge, no study was made of the staffing situation by the IG, nor the necessity for this reduction in staff. No evaluation was made as to how this cut would affect the veteran and the efficient operation of the clinic.

The effect this reduction in staffing had on the veteran was very serious. Since that unfortunate time in May 1981, the services have slowly been deteriorating. The result is more waiting time spent to see a physician or getting a prescription filled. Rescheduling of appointments for service-connected veterans is 6 months, and non-service-connected veterans is about 9 months. Veterans are already being scheduled for January and February of 1985. If an emergency arises and a veteran needs to see a physician immediately, he may go to the clinic as a walk-in patient. He then sits around and waits for most of the day until a physician can see him. Also, more referrals have been made to Ann Arbor.

Another area which must be looked into is the removal of equipment from the clinic to Ann Arbor. There was space and equipment provided for an eye, ear, nose, and throat department when the clinic opened up. One catch to this was no staffing was provided for this department. Consequently, the equipment was removed. Instead of providing for staffing, which would have saved time and money on transportation, the decision was made by Ann Arbor that all eye, ear, nose, and throat problems would be seen in Ann Arbor. The pharmacy now uses this area for office space. Cast equipment was also removed. All fractures must be referred to Ann Arbor unless, of course, the injury is so great that a long trip would be too painful. In this case, a veteran can go to the nearest hospital at his own expense.

The reason for the clinic's very existence is being questioned, with more and more referrals to Ann Arbor, long waiting lines and periods between appointments. Is it the contention of the present administration in Washington to close the clinic? What happened to all those promises made in 1979 when the clinic was opened, to help all those disabled veterans? When the budget cuts are being made, do you see only numbers? What about the faces each number represents? They are not a faceless entity, but disabled veterans in dire need of assistance.

Attached are the number of veterans who visited the clinic during October 1983, through July 1983, and figures for the 9-month period for 1984. Comparing these statistics, one can see the rise in the number of veterans requiring treatment at the Toledo outpatient clinic. Staffing of medical personnel was 18; presently it is 12.

Part two. I am a Vietnam-era veteran who served 8 years in the Air Force, at which time I sustained a disability. Since my discharge from the service, I was rated with a 20-percent disability by the VA. I started going to the outpatient clinic in early 1980, so I have seen the changes that have taken place on a personal level.

The rescheduling of appointments for service-connected veterans was every 3 months. If I needed an appointment for a persistent problem between my regularly scheduled appointment, I could get one very quickly with no problem.

The situation is drastically changed now. My appointments are now every 6 months. If a medical problem arises and I need an appointment before my regular appointment, which is in November, I have to go through the walk-in clinic. I have to go to the check-in clerk, get a router, and then sit and wait for a physician to see me. This takes almost an entire day between seeing a physician and getting the prescription filled. To put my job in jeopardy with trips to the clinic and to just sit around would be foolhardy. I cannot afford to do this. Consequently, I put off the visits to the clinic and hope something more serious does not develop because I decided to wait until November.

Getting prescriptions filled out is also a slow process. The last time I have had my prescriptions filled was in May of this year, and it took 45 minutes.

I had an appointment at the physical therapy clinic for an EMG test on July 16 for muscular problems I have been suffering with since March of this year. Due to a mistake on the part of a clerk at the physical therapy clinic, it was inadvertently canceled. The appointment was rescheduled for September 10 of this year. This is definitely a long wait, especially if urgent care is needed for this problem.

When I was in on July 16 for the above appointment, the line to the appointment desk was all the way to the door. About 20 veterans were ahead of me. Only one person was handling the front desk. Two people are usually required, one to answer the phones and general inquiries, the other to check in the appointments. Only one person was doing all the checking in, which was a very, very slow process.

I no longer see the efficiency that was so evident when I started going to the clinic in 1980. Clerks and medical personnel are doing more than one job. Some are doing three and four other jobs. The IG said that in order to pick up on the eight slots that were eliminated in 1981, personnel have to double up on the job load. No consideration was given to the veteran at all. If consideration was given, then the situation would not be in the sad shape it is in presently.

Thank you.

[The statement of Ann Checchio appears at p. 56.]

Mr. EDGAR. Thank you very much.

Larry, do you want to be second?

STATEMENT OF LAWRENCE H. MATTES

Mr. MATTES. Honorable Chairman, honorable Members of the House of Representatives, officers of the various veterans' organizations, and members of the outpatient staff, fellow veterans, friends and guests: I represent the Military Order of the Purple Heart, as a national service officer in the Veterans' Administration Outpatient Clinic, Toledo, OH. I feel privileged to be here today and be allowed to take up a few minutes of your precious time.

I am closely acquainted with the staffing shortage at the outpatient clinic, and I am also apprised of the fine quality of personnel who are endeavoring to handle a workload which is both enormous and impossible to perform efficiently with the continual reductions in employees since the opening of the Toledo clinic 5 years ago.

Statistics of the ever-increasing number of patients and visits to the outpatient clinic have been catalogued and each of your honorable Representatives should have been given a copy by the Honorable Marcy Kaptur's staff.

Mr. EDGAR. Without objection, all of the attachments to your statement will be made a part of the record.[1]

Mr. MATTES. Thank you.

Also among these statistics you have a record of the number of employees when the clinic opened and the present number of employees. These statistics are computations compiled by the VA clinic staff at Toledo.

At the opening of the clinic in 1979 there were 18 medical administrative staff positions. In 1981, these MAS positions were reduced to 10. Present staffing now totals 12 positions. This reduction and failure to increase staffing is unsatisfactory, considering the ever-increasing patient visits.

Let us examine the following: For the period October of 1980 through September 1981, the number of walk-in patients was 5,344 patients. From October of 1981 to September 1982, the number of walk-in patients increased to 7,413. For the period October of 1983 to September of 1983, the outpatient walk-in treatment of veterans amounted to 10,058 patients. From October of 1983 to April of 1984 only—I don't have the computations up to September—that figure ran 7,477. If that were extended, it would probably be more like 14,000.

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[1] See p. 63.

When the clinic opened 5 years ago, Dr. Kelson, the administrative head of the clinic, and the supervising officers from the Ann Arbor Medical Center, of which this clinic is a satellite, advised veterans attending the grand opening that an eye and a hearing clinic would be available at the Toledo Outpatient Clinic, plus other facilities. These two principal facilities were never opened, although equipment was supplied for them, and the equipment was eventually shipped back to the Ann Arbor Medical Center. This necessitates referring veterans to the Ann Arbor Medical Center and paying mileage round-trip for each visit. A reference is made to the number of referrals on statistical data provided each Representative, but it also is listed below.

Referrals to specialty clinics: October of 1982 through April of 1983, 2,859 referrals; October of 1983 through April of 1984, 3,544 referrals. Note these referrals are all to the Ann Arbor Medical Center and a goodly portion of these are for eye and hearing clinics. When an eye examination or hearing examination under the veteran's pension has recommended glasses or a hearing aid, he is then sent to Cleveland, OH for issue of the appropriate prosthesis. This procedure involves paying the veteran round-trip moneys to the Ann Arbor center, 90 miles, and again paying over 220 miles round trip to Cleveland. This necessitates also additional burdens on the veterans who in many cases, because of age or other disabling conditions, have transportation problems.

With the increasing number of veterans, especially World War II veterans, the numbers of needy service-connected and non-service-connected veterans continues to grow. Most World War II veterans are now in their 60th year.

This problem is not being addressed by the supervisory medical center who has control of the Toledo outpatient clinic. Many in the VA system and the Office of Budget Control lack an understanding of the mission of the VA as mandated by Congress. In 1947, the Department of Medicine and Surgery within the Veterans' Administration was established and codified under chapter 17, title 38, United States Code: "At that time a threefold mission was mandated by law for the Department: to care for the sick and disabled veteran, to participate in training health manpower for the nation, and to participate in basic research. So caring for the sick and disabled veteran, research and training are part of the VA's mission as mandated by law. Thus, to reduce or eliminate them through budgetary actions would be, in effect, a violation of the spirit and intent of the law."

Summarizing the position of the Military Order of the Purple Heart are the following recommendations: One, increase staffing of the outpatient clinic to provide veterans with timely appointments and full medical care, without excessively long waits or standing in lines; and two, restore the eye and hearing clinics which were formerly promised the veterans, to prevent the 45-miles travel, up and back, from the Ann Arbor Medical Center and the additional 220 miles in some cases to be issued a prosthesis in the Cleveland, OH clinic.

This concludes my testimony. I thank the committee for the opportunity to present our views and requests.

[The statement of Lawrence Mattes appears at p. 61.]

Mr. EDGAR. Thank you very much.

We will now hear from Maurice Schwartz. The full text of your testimony will be made a part of the record, and I would appreciate it if you could summarize.

STATEMENT OF MAURICE SCHWARTZ

Mr. SCHWARTZ. Thank you, Congressman. Good afternoon, ladies and gentlemen of the committee, and all veterans' and other people present here this afternoon; 38 years after World War II, we finally succeeded in getting Public Law 97-37 enacted into law and signed by President Reagan on August 14, 1981. We feel that the implementation of this law should be more exact and forthcoming. With better than 300 ex-POW's in northwestern Ohio, and the majority of them right here in the Toledo area, we feel that an update of the Glendale Outpatient Clinic is imperative. The aging process is now taking its toll and more attention will be needed. These men gave their all in defense of this great country of ours. We hope that you have not forgotten us.

The Glendale Outpatient Clinic should have the following: No. 1, a liaison officer for ex-POW's; No. 2, a physicians coordinator and administrative physician for ex-POW's; No. 3, a former POW advisory committee whose function is to see that the mandates and intent of Public Law 97-37 are not only carried out but exceeded, if possible. This committee should consist of some members of the medical and administrative staff and a volunteer representative from the ex-prisoner-of-war community.

At the Glendale Outpatient Clinic the staff are very polite and courteous; however, they do not seem to be aware of Public Law 97-37. There should be a plaque in the administrative building designating the administrative coordinator for ex-POW's, physicians for ex-POW's, and liaison for ex-POW's. San Diego, CA, has such and it has been very beneficial to the ex-prisoner of war.

There have been various problems experienced by the Toledo area and the northwestern Ohio ex-POW's; namely, the staff at Glendale is short handed and grossly overworked. Ex-POW's coming into the clinic have been forced to stand in long lines waiting to be registered. A good share of these ex-POW's have problems with their feet and legs. These are the aftereffects of forced marches and ill treatment by a merciless enemy. Seating accommodations are insuffient at the clinic, causing an extra hardship on these ex-POW's.

In general, there is very little understanding of Public Law 97-37. The staff is well aware of priority and dental assistance. The medical doctors are very much in the dark as to the ex-POW problems at Glendale Outpatient Clinic.

The staff members fail to affix the identifying stickers to the medical records which identify the ex-POW. Contact to the clinic by public telephone is very poor. Sometimes the phone does not get answered at all. Here again, let me reiterate, this is due to the shortness of staff who are definitely overworked.

Finally, we feel that with knowledgeable implementation of Public Law 97-37 at the Glendale Outpatient Clinic, the ex-prisoner of war will be able to better cope with his problems, both mental and physical.

Thank you, ladies and gentlemen, for your kind and considerate attention.

[The statement of Maurice Schwartz appears at p. 79.]

Mr. **EDGAR**. Thank you very much.

We will now hear from Charlie Ferguson. Again, I would appreciate brevity, if possible.

STATEMENT OF CHARLES E. FERGUSON

Mr. **FERGUSON**. Thank you, Mr. Chairman.

To the members of the committee and Congress: On behalf of not only the former prisoners of war but all eligible veterans in the area served by the dental service, Toledo Outpatient Clinic, I am requesting a greatly increased quality of service. This could be accomplished, in my opinion, through staff increases, to include a laboratory technician, a hygienist, and a secretary-receptionist. Presently the staff includes two dentists and two dental assistants.

In the past approximately 11 weeks, one dentist was not available for 8 weeks for work. The other dentist is a supervisor, which requires various staff meetings and overseeing the Medical College of Ohio resident dentist as well as other supervisory duties. Dentures require a 5- to 7-week turnaround time period. With a lab technician, the turnaround time is expected to be approximately 2 weeks.

All staff members wear many hats. I have seen a problem in the day-to-day operations due to staff shortages, such as if one dental assistant is not working, either the other assistant or one of the dentists must answer the telephone, regardless of what they're doing, taking x rays, doing surgery, or working in the laboratory.

I firmly believe, with the awareness of the passage of Public Law 97-37, as well as the ages of those veterans from World War II and Korea, the importance of the Toledo Outpatient Clinic dental service at this time is now at its peak.

Thank you very much.

[The statement of Charles Ferguson appears at p. 81.]

Mr. **EDGAR**. Thank you very much. We appreciate your testimony.

Mr. **FERGUSON**. Excuse me, Mr. Chairman, if I may, I have just an additional short piece to add.

I have submitted just briefly before the meeting additional written testimony. Thank you very much.

Mr. **EDGAR**. Without objection, that statement will also be included in the record.[1]

[The additional statement of Charles Ferguson appears at p. 94.]

Mr. **EDGAR**. I will now call on Ruth Kubacki, service officer, chapter 27, Disabled American Veterans.

STATEMENT OF RUTH KUBACKI

Mrs. **KUBACKI**. Thank you.

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[1] See p. 94.

As service officer of the Toledo chapter of the Disabled American Veterans, I aid the veterans in opening new claims and reopening old claims for service-connected disabilities, help them with claims for non-service-connected compensation, widows' benefits, and so on.

All of the paperwork that I do is sent directly to our DAV national service officers in Cleveland. They, in turn, process the claim and forward it to the VA. Since many of these veterans have medical records at Ann Arbor, it takes much longer to get the records. This delays the processing of their claim. The records from the clinic in Toledo and the records from Brecksville are much easier to retrieve.

Now many of our veterans have hearing problems. They are sent to Ann Arbor from the clinic. Then if they are told at Ann Arbor that they need a hearing aid, we have to get authorization from the Cleveland VA. This all takes additional time. If the audio test could be given in the clinic in Toledo, it certainly would simplify things. Some of my veterans have had to wait 6 months or longer for their hearing aids because of the delay in getting authorization.

Most of the veterans are satisfied with getting their prescriptions filled at the clinic, except for the fact that if they have a prescription from a private physician, they have to get an appointment with a doctor at the clinic and that doctor has to rewrite the prescription. This also takes time.

The veterans complain about long waiting lines for anything they want to do at the clinic. I know it is severely understaffed, and while they are taking care of the veterans they do not even attempt to answer the telephone. Then when someone does answer, it is either part-time or volunteer help and they cannot answer the questions properly. In fact, many times they have been told they don't know the answers. This certainly does not make a good impression on the public.

I will say that whenever I have asked for medical records, or help with prosthetic equipment, or any information about equipment, I have received excellent cooperation.

I do not have any actual figures as to the staffing of the clinic when it was opened or what it is now. The only thing I know is that all my veterans that I serve through the office have more and more complaints about the clinic, especially the fact that they have to go to Ann Arbor for so many services, exams, and so on, that they feel they should be able to get in Toledo. In the long run, this probably costs the VA more money because a veteran gets travel pay and that is all unnecessary cost.

I have had several Vietnam veterans come in recently because they were called to Brecksville last fall for psychiatric examination, and they were cut from 100 to 70 percent disability for nervous disorders. I have reopened their claims and some have been reinstated to 100 percent. Others are still pending based on another hearing. I have had to get their medical records from the clinic and find that, because there is only one psychiatrist on the staff, several of these veterans have had to be sent to outside centers. The veterans themselves do not feel these centers are very adequate and they would much rather see a trained psychiatrist.

Just today I had a veteran call my office and tell me that he went out to the clinic to get an appointment and he was told they no longer had openings. He called me to see what to do next.

On a personal basis, I have had contact with the clinic because I am guardian of a mentally incompetent veteran of World War II. When he had a little setback, and I felt that he needed some professional help, I went to the clinic personally and was told that they had no openings for new patients and, in fact, at that time there was no psychiatrist available. I was told Brecksville had no openings and neither did Ann Arbor. They recommended I take him to a private hospital in Toledo, one that had a psychiatric unit, and get him some help, then notify VA so they could take care of the costs. This certainly makes no sense when you have a clinic that should be taking care of these veterans.

These are just a few of the problems I have run into in the past 15 months as service officer. However, I am sure you know that there are many, many more. I definitely feel that the outpatient clinic in Toledo should be an independent one so as to ensure better care for our veterans.

Respectfully, Ruth Kubacki.

[The statement of Ruth Kubacki appears at p. 95.]

Mr. **Edgar**. Thank you.

I will yield to my colleague, Representative Marcy Kaptur, for the first questions.

Ms. **Kaptur**. First of all let me say that I have heard testimony all over the country, and for a five-person panel to keep within the time limit, you should all get blue ribbons. It was excellent, concise, and clear testimony, and we have all heard you.

I have some questions. First of all, Mr. Mattes, you mentioned mileage costs. There are a lot of charts that I didn't have a chance to read over before you started. Can you break out that figure for me? Is that anywhere——

Mr. **Mattes**. No, I cannot, Congresswoman, I cannot. But I am sure the VA personnel could break it down for you, because that would be accessible only to them.

Ms. **Kaptur** [continuing]. OK. Maybe they can be thinking about it before they get up here. That number has come up so often.

Mr. **Mattes**. That information would have to be obtained from the Ann Arbor medical center, and also from the Cleveland center. It would be a little difficult to obtain because I don't think that the outpatient clinic itself keeps track of what mileage is collected at the other end.

Ms. **Kaptur**. I know we have tried to collect that ourselves. We have just made estimates from both Ann Arbor and from Brecksville of how much it is really costing the VA by our people having to go back and forth all the time. So I would just be curious, as a point of information, to see what that dollar figure is.

Mr. **Mattes**. I will make an effort to ask at the clinic if that information can be compiled and, if so, would get it to you.

Ms. **Kaptur**. Thank you.

The other thing, there was a lot of testimony that you gave that wasn't on your typed testimony. You started referring to specialty clinics.

Mr. **Mattes**. It's a carbon copy.

Ms. Kaptur. It's a carbon copy?

Mr. Edgar. It is not an exact carbon of what we have in front of us. We will get it from our recorder, who is taking it word for word.

Mr. Mattes. With the exception of the conclusion of my testimony, what else was different?

Ms. Kaptur. Well, I was trying to take notes as you were speaking. One of the questions I had was on the specialty clinics and which additional services you feel could be performed right here at the outpatient clinic. I think you had a listing of those, did you not?

Mr. Edgar. Your piece of paper is longer than our piece of paper.

Ms. Kaptur. Yes. Look at how different mine looks than yours. [Laughter.]

Mr. Edgar. The "18 minute gap".

Ms. Kaptur. I have all these numbers, but I have to take them home and read them tonight. So, just speaking off the top of your head, which specialty clinics could be opened up at the Toledo clinic?

Mr. Mattes. Oh, I didn't put a statistical report with this one. But the figures I gave you were referrals to specialty clinics. I don't know what the specialty clinics are. I had to take them from that report that is attached, because they didn't have that set off separately at the Toledo Outpatient Clinic. So I gave you for the period October of 1982 through April of 1983, 2,859 referrals, and from the period October of 1983 to April of 1984, 3,544 referrals. Those are in the statistical report. That was compiled by the outpatient clinic.

Ms. Kaptur. I think I'm having trouble understanding their numbers here. I can't seem to find it on there. I see walk-in patients, employee visits. I guess what I'm trying to get at is——

Mr. Mattes. Referrals.

Ms. Kaptur. Yes, and in which categories the referrals were made. Perhaps the people who testify from Ann Arbor can give us that information. Obviously, from what Ruth was saying, a lot of it is eye, ear, nose, and throat.

Mr. Mattes. They assured us they couldn't give us that figure, but it's on their report.

Ms. Kaptur. The other part that confused me in your testimony and Ann Checchio's testimony was as far as the number of walk-in patients. Ann, maybe you can clear something up for me here.

You say the number of patients seen at the VA outpatient clinic. If you look at July of 1984, it was just over 3,000, at 3,013. Then when I try to find similar figures on Mr. Mattes', I guess you don't have them. You only go up through April. I see two numbers, 7,477 were walk-in patients and then there's this other number, 1,133. I don't understand.

Mr. Mattes. On the statistical report?

Ms. Kaptur. Yes. I'm trying to figure out how many patients are actually going in there. Your numbers differ.

Mrs. Checchio. No, they're the same numbers.

Mr. Mattes. The 7,477 figure is correct up to April of 1984.

Ms. Kaptur. Oh, those are cumulative?

Mr. **Mattes**. Those are cumulative figures that you're looking at below.

Ms. **Kaptur**. All right.

Mr. **Mattes**. Does that clarify it?

Ms. **Kaptur**. That helps.

Mrs. **Checchio**. They're the same figures.

Ms. **Kaptur**. OK, thank you. That was a little bit confusing to me.

I might chime in later, Mr. Chairman, but why don't you proceed.

Mr. **Edgar**. Dr. Rowland.

Dr. **Rowland**. I just have a comment to make and ask if the information I have gotten from this discussion is correct. It seems that there is a common thread, that you're all saying there is an inadequate staff here. I didn't hear anyone particularly criticize the quality of the care you received. Were there any complaints about the quality of the care that you receive when you did get it?

[No response.]

Well, that was something that was interesting to me, that the staffing problem seems to be the main thing.

Let me ask you, Mr. Schwartz, do you know about how many former POW's there are in this area who are served by these VA facilities? Do you have an idea?

Mr. **Schwartz**. Not really. I think, out of the 300, I probably could safely say maybe between 50 to 75 that have been to the clinic at some time or other, that I know of offhand.

Dr. **Rowland**. I see.

Mr. **Schwartz**. You see, all of these ex-POW's do not belong to my organization. I wish they did. We're trying to get them signed up.

Dr. **Rowland**. I have no further questions or comments. Thank you, Mr. Chairman.

Mr. **Edgar**. Thank you. I have a couple of questions.

Ann, in part 2 of your statement you go into some personal information about yourself and your use of the veterans' facilities. I wonder if you might comment, as a woman using those facilities, whether or not you experienced any lack of care or lack of quality of care or lack of services provided based on the fact that you are a woman?

Mrs. **Checchio**. Well, as a whole, the services that they provide are very good. The staffing is the problem, the lack of it. I have seen this, as I have mentioned. I should say the quality is very good. The only lack of service would be the gynecology clinic. There isn't any provided for in the clinic at all, so that would be the only one.

Mr. **Edgar**. So that would be a contracted service?

Mrs. **Checchio**. Right. That would have to be, I believe, at Ann Arbor.

Dr. **Rowland**. Would the gentleman yield on that point?

Mr. **Edgar**. I yield to the gentleman.

Dr. **Rowland**. Did I understand you to say there are no gynecological services available at this outpatient clinic?

Mrs. **Checchio**. None that I have gone to or been scheduled for, no.

Dr. ROWLAND. As I understand it, this is a family practice oriented type of outpatient clinic. Have you ever requested any gynecological services and been unable to obtain them there?

Mrs. CHECCHIO. I think once, yes. They didn't have any, so I just made it with my private physician. That was in the beginning, back in 1980. So no, I don't see the clinic for any kind of gynecological service.

Dr. ROWLAND. But not since 1980 have you——

Mrs. CHECCHIO. No, because I tried once. Then I just stayed with my physician.

Dr. ROWLAND [continuing]. Have you had any conversation with any other female veterans about that particular subject?

Mrs. CHECCHIO. No, sir.

Dr. ROWLAND. Thank you.

Thank you, Mr. Chairman.

Mr. EDGAR. Let me ask all of you just very quickly for a yes or no answer. If we were to go back to Washington and shake the system a little bit and find 7 or 8 or 9 or 10 additional staffing slots for positions in nursing care, bringing the facility back to the level, or increased a little, from the level of 1979 when the clinic opened, and if that resulted in a lessening of the scheduling delays and the improvement of the quality of service to the facility, would that be a major contribution in taking away your dissatisfaction?

Along with that, if we were to go back to Washington and say to the chief medical director in Washington that this clinic should be more closely affiliated with the Medical College of Ohio at Toledo, as opposed to the affiliation with Ann Arbor, would that be a plus or a minus? [Applause.]

Mr. FERGUSON. Mr. Chairman——

Ms. KAPTUR. Would the Chairman yield?

Mr. EDGAR. I yield to the gentlelady.

Ms. KAPTUR. Could we take a vote on that? How many think it would be positive to have a greater affiliation with the Medical College of Ohio, raise your hand. [Show of hands.]

How many think it would be a negative, raise your hand. [Lesser show of hands.]

Thank you.

Mr. EDGAR. We are not taking comments from the audience yet. We will have that opportunity, and I appreciate the eagerness of those in the audience to speak. I don't want to cut you off but there will be opportunity for that.

One of the things that I hope we can do over the next few months is to describe what kind of affiliation change might take place, both for our use and for yours. One of the things we found in other parts of the country was that the closer the affiliated hospital was, the more opportunity there was to share resources of that facility. I think in your dental clinic you already have some shared relationship with the medical college. I am not commenting on the quality of that care. I simply make that as a statment.

One of the things we need to do is look at that as an option for not only giving you better resources but also perhaps increasing the number of staff people available to the facility.

Let me ask Mr. Ferguson, your hearing aid that you're wearing, where do you get it tested?

Mr. **Ferguson**. Would you give me the last portion again, please?

Mr. **Edgar**. Yes. Where do you get your hearing aid tested?

Mr. **Ferguson**. This hearing aid I have is a new one and it hasn't been tested yet. I was personally tested once in Ann Arbor and then, because my medical records were located primarily in Cleveland, I had to go to Cleveland. So I made a dual trip once. Actually, it was two trips to Glendale, one to Ann Arbor, and one to Cleveland.

Mr. **Edgar**. We have heard the request to return the ear, nose and throat specialty to the clinic in terms of a specialty. Would that give you a little more opportunity for checking and testing of your particular hearing loss and your hearing aid?

Mr. **Ferguson**. Correct, 100 percent.

Mr. **Edgar**. OK. Thank you very much. I don't have any other questions except to compliment each of you for your statements.

One of the things we did was to set our panels up in this format so that the VA staff and personnel, both at Ann Arbor and at the Toledo clinic, would listen to the criticisms that are taking place. We will short change them a little bit in their ability to make statements because of the pressure of time, but we have not short changed them in their ability to hear and to listen to your concerns. They will be getting back to us with responses. So we appreciate your testimony.

Let's move now quickly to our third panel. We have the past commander of the Department of Ohio, the American Legion; the president of Chapter 35, Vietnam Veterans of America; the commander of Post 63 of AMVETS; and the service officer, Department of Ohio, Veterans of Foreign Wars. We appreciate your presence here, and again, your full statements will be made a part of the record.

Clem, I would like to hear from you and to apologize again for not having you stand and salute the flag. I have a handwritten note that was in front of me which I decided to read after I got the hearing started. I apologize for stepping on your toes and I am pleased that you have a chance to testify before us.

STATEMENTS OF CLEMENT C. DOMBROWSKI, PAST STATE COMMANDER, THE AMERICAN LEGION; MICHAEL A. FLOWERS, NATIONAL BOARD MEMBER, VIETNAM VETERANS OF AMERICA; NORM GRESSMAN, COMMANDER, POST NO. 63, AMVETS; AND JAMES McCAULEY, SERVICE OFFICER, DEPARTMENT OF OHIO, VETERANS OF FOREIGN WARS OF THE UNITED STATES

STATEMENT OF CLEMENT C. DOMBROWSKI

Mr. **Dombrowski**. Thank you.

Mr. Chairman, members of the Subcommittee on Hospitals and Health Care, Committee on Veterans' Affairs, ladies and gentlemen: I was invited with other veterans to the Ann Arbor VA Hospital when the Toledo VA Clinic was in the planning stage. We were shown the blueprints of the building and informed where it would be located in Toledo. When the building was under construction, we were again invited to Ann Arbor for a briefing on the services that would be provided, the number of doctors, nurses, technicians, and other staff people that it would employ, over 100 in all, to serve the 250,000 veterans in northwest Ohio and southern Michigan.

We were shown pictures of various equipment that would be installed. The services that were promised covered about all the needs of the veterans, including a twice-a-day shuttle service to Ann Arbor Hospital for those in need of services not provided at this clinic.

The building was erected and it is one of the finest in the VA system. The staffing, however, was never fulfilled as promised. The equipment promised was not installed, even though some of it was delivered. Therefore, the services promised were not and are not being delivered as promised.

Our veteran population is growing older and the need for a medical delivery system is becoming greater each day. Consider that there are approximately 300,000 World War I veterans whose average age is almost 90, 13.5 million World War II veterans whose average age is almost 70, 6 million Korean war veterans in their late fifties, and 9 million Vietnam veterans in their late thirties. The need for medical services by the World War II veterans is at a great demand now and will peak in the next few years. They should not be turned away nor be forced to stand in line for hours to receive the services they are entitled to because of understaffing.

I have visited all the VA hospitals in Ohio and some out of State. The Toledo Outpatient Clinic is the first of three in Ohio. The others are in Canton and Columbus. All other hospitals and clinics are doing a much better job of providing medical service to the veterans of their respective areas.

We, the veterans of northwest Ohio, would like to see an improvement in the Toldedo Outpatient Clinic. For further information and statistics, please refer to the American Legion report numbered 3-071. This is a 10-page report that was conducted by the national field representative of the American Legion. It also gives you some of the figures that you were asking for, Ms. Kaptur, just recently. The travel estimated for 1984 would be $77,364. Other expenses are listed there. This is a 10-page report, Mr. Chairman, and I don't think you would want me to read it.

[The statement of Clement Dombrowski appears at p. 99.]

Mr. **Edgar**. Thank you. If you would give us a copy of that for the file record, it would be very helpful for this hearing. If you could give us a copy of it, we can make a xerox and give it back to you.

Mr. **Dombrowski**. I am sure that Congresswoman Kaptur has these reports ready to be passed out.

Mr. **Edgar**. Thank you.

Mr. Flowers, we look forward to hearing your testimony at this time.

STATEMENT OF MICHAEL A. FLOWERS

Mr. **Flowers**. Thank you. Good afternoon, Mr. Chairman, and committee members. My name is Michael Flowers. I am a Vietnam Veterans of America national board member. Vietnam Veterans of America appreciate this committee's concern and positive action in moving toward a more suitable health-care program for northwest Ohio veterans.

As we are gathered here today, the mental health department of the VA outpatient clinic in Toledo is attempting to service patients but is so grossly below par that it must be upgraded immediately. This is ironic as its staff is dedicated and is working long hours under much needless pressure. For such a department to open within a VA facility, it should have a minimum of 4 staff just to provide basic services and referrals. The clinic has 0.8 psychiatrist, 0.8 psychologist, 1 nurse, 0.6 social worker, for a total of 3.2 staff. That is 0.8 below the VA required 4 minimum level.

By its own admission, the staff can barely handle appointments and referrals. A contract program was established with the Community Mental Health Center to handle the psychological readjustment and post-traumatic-stress disorder needs of the Vietnam-era veteran. This provider has helped somewhat but is not sufficient. A clinic doctor expressed concern as to what will happen if those patients, at least 225, referred to the contract provider must be reabsorbed into the clinic's already overburdened caseload.

In 1984, over 146 veterans have been referred to Ann Arbor, Toledo Mental Health Center, Cleveland, Brecksville, and four went as far as Battle Creek, MI, due to lack of beds. In addition, the Detroit Veterans' Outreach Center team leader said that she has assisted at least 10 new veterans from Toledo at Allen Park in the past month. She also advised that according to reports she has seen, at least half the patients seeking treatment at Ann Arbor facilities are from the Toledo area.

Toledo and surrounding cities lie clearly on the outskirts and borders of the nearest veterans outreach centers' outreach programs and are not being serviced presently. One option unknown to most veterans is that they could drive to a veterans outreach center and obtain immediate assistance. Few are able to make these long trips. If a veteran is unemployed, as many veterans are, he probably cannot afford the trip. If he is employed, it is unlikely that he can take the necessary time from work for regular therapy at the distant center.

Most post-traumatic-stress disorder claims are considered a low priority and must be upgraded to a higher priority level so assistance can be obtained more quickly. If none of the staff is ill or on vacation, there is a 2- to 3-week wait for an appointment. A Vietnam veteran with a post-traumatic-stress disorder will then be referred to the Community Mental Health Center and have another 2- or 3-week wait just to be screened. A veteran with severe problems cannot, and should not, have to wait 4 to 6 weeks for therapy. The clinic cannot handle walk-ins.

The Post-Traumatic-Stress Disorder Committee of chapter 35 of the Vietnam Veterans of America surveyed veterans outreach center team leaders from surrounding cities, psychologists, psychiatrists, and others who deal with veterans. Since veterans experienced varying degrees of exposure to traumatic situations, such as combat, they may experience varying degrees of PTSD and subsequent readjustment problems. The results of the survey indicate that a minimum of 20 percent, or 3,916, of Lucas County's 19,580 Vietnam-era veterans would benefit from immediate psychological readjustment services. Add to that 20 percent, or 2,020, of the 10,100 Vietnam-era veterans from the immediately adjacent counties of Wood, Fulton, Sandusky, Henry, and Ottawa. The clinic clearly cannot handle the mental health needs of the Vietnam-era veteran, much less those of veterans from other wars and counties.

The following points must be considered if the services available to northwest Ohio veterans are to be upgraded:

One, the VA mental health department must be supplemented immediately. Two, a veterans outreach center in Toledo is a must in the immediate future. A veterans outreach center would make treatment more accessible and available more quickly, eliminate much traveltime, and could handle walk-ins. Veterans would treat veterans—a major consideration of many veterans—and it would help the VA outpatient clinic's mental health department handle its present overload, which is growing. Three, an additional provider or two, preferably a Vietnam combat veteran who is a psychiatrist or psychologist, should be made available. Four, post-traumatic-stress disorders and shell-shock claims must be given a higher priority. And five, appointment waiting periods must be decreased.

Also, I would like to address a second subject of equal importance to Vietnam veterans, which is agent orange. I will not attempt to question the VA and its methods of compensation or treatment, but rather the preliminary testing of those concerned veterans that may have been exposed to agent orange-type herbicides.

At the Glendale Outpatient Clinic, the records show that in 1982, 122 veterans received the test. In 1983, this figure jumped to 165, and this year, as of June 1984, the number of veterans tested was 120. With public awareness increasing, as well as the recent out-of-court settlement, this figure will surely increase dramatically.

Since 1980, the Glendale Clinic has given a total of 707 exams. It is estimated that another one-third of this figure did not show up for scheduled appointments. Only 1 out of every 100 veterans from this area travels to the Ann Arbor facility for this testing. As of now, a veteran wishing to take an agent orange exam at the Glendale Outpatient Clinic must wait until October 1984.

To accomplish this testing, a doctor and a nurse are required. A physical is given, along with lab work and x rays. If problems exist, the veteran will be required to visit a specialty clinic in Ann Arbor. Results of these tests take approximately 2 weeks for review and subsequent action, if needed.

With the passage of recent legislation in both the House and the Senate, recent agent orange litigation, and the veteran's own awareness on the increase, it is evident that supplementation of the Glendale Clinic's staff is warranted.

This committee has the means and opportunity to improve these concerns of veterans in northwest Ohio and I urge you to consider the immediacy of our problems when you submit your final recommendations.

Again, I thank you for the opportunity to address you on these very important issues.

[The statement of Michael Flowers appears at p. 101.]

Mr. Edgar. Thank you.

We will now hear from Norm Gressman.

STATEMENT OF NORM GRESSMAN

Mr. **Gressman**. Mr. Chairman and committee members, my name is Norm Gressman, present commander of AMVETS Post 63.

AMVETS is a veterans organization composed of veterans of World War II, Korea, and Vietnam. We have a statewide membership of 17,683, and approximately 250,000 nationwide. In the immediate area we represent approximately 873 veterans, many of whom are treated at the Glendale Veterans' Administration Clinic.

In a survey conducted at several AMVET posts, we found that the majority of members concur with the veterans groups here, that our present primary concern is health care for the aging veteran. Other concerns were length of time between appointments, inadequate staffing to shorten waiting time, difficulty in being admitted to the Ann Arbor Hospital, and service-connected veterans not being given priority over nonservice-connected veterans.

In conclusion, we also feel that many of the services provided by the clinic were taken from them by Ann Arbor, thereby depriving our local veterans of better care.

Thank you.

[The statement of Norm Gressman appears at p. 106.]

Mr. **Edgar**. Thank you very much for that statement. Let's give him an extra round of applause for brevity. [Applause.]

We look forward to hearing from Jim.

STATEMENT OF JAMES McCAULEY

Mr. **McCauley**. Mr. Chairman and members of this subcommittee, my name is James McCauley. I am the State of Ohio service officer for the Veterans of Foreign Wars of the United States. I thank you for the privilege of appearing before this distinguished subcommittee to present our concern for the health care of our aging veterans.

We are all aware that veterans, as well as other Americans, are aging and will need special care soon. Under present law, those who served honorably in the military will be able to obtain care at age 65. The total veteran population will get smaller, but it will get older. The group of veterans over 65 stands at some 14 percent at the present time, and it is expected to increase to nearly 45 percent by the year 2000.

There is preparation for this impact already noted by the statement of VA Administrator Harry N. Walters, and I quote:

> It is the VA's job to care for all eligible veterans—and that entails resources. It is Congress' job to establish eligibility criteria for veterans and to authorize and appropriate resources.

Eligibility criteria are not an issue. Congress has established the criteria in the law. VA planning should assume no change in this criteria.

There is in your possession statistics showing the increase anticipated over the next several decades, and these are the VA's own reports. You have already said it would become a part of the record, so I will not quote any of that.

The statistics offered to you were compiled by the VA, and we must agree with the statement of Mr. Walters, and again I quote:

The mission of the Veterans' Administration is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation.

Mr. Chairman, members of the subcommittee, this concludes my statement, except to thank this committee for the opportunity to appear before you.

[The statement of James McCauley appears at p. 109.]

Mr. **Edgar**. Thank you very much.

Before yielding to my colleagues, let me just say a couple of things first to Clem. The American Legion has distinguished itself nationally in doing hospital and clinic visits and giving the VA their advice as to changes and alterations in the health care provided, in going out and looking at negative situations. Where there is a bad hospital or a staffing problem, a financial problem, or problem with facilities, the American Legion nationally has distinguished itself by having those hospital visits. I am pleased that you gave us that report for inclusion in the record.

Jim, the Veterans of Foreign Wars has also been very helpful, particularly the Washington staff, in looking at some of our health care needs. They testify before our committee on a regular basis and I commend them for their efforts.

Norm, your commander for the national AMVETS was in my district recently, and also in my office last week, presenting me with an award for the work that I was able to help you with in expanding the charter for AMVETS. The fact that he is from Ohio, the national commander, is an area of distinction and I really appreciate that.

We now have coming into the room the chairman of the full House Veterans' Affairs Committee. I wonder if everyone would join us in welcoming the Honorable Sonny Montgomery. [Standing ovation.]

I am going to ask Congressman Montgomery to take the chair and chair the remainder of the hearing while I slip out and make an airplane. Sonny, we appreciate your coming. We have heard from our third panel and we know that you will ask the right questions.

Thank you, gentleman, and I thank all of you for the warm hospitality you have given me, in taking a look at your clinic and being part of these hearings. Your Congresswoman has not missed a week where she hasn't either begged me to come or talk to me about a problem that exists in this area, and as a result of our hearings I hope I can return to Washington and help in assisting with the staffing problem, the affiliation problem, and the other medical needs which have been described. We look forward to seeing the testimony from the VA staff.

I now turn this hearing over to the Honorable Sonny Montgomery to complete the chairing of the hearing. [Applause.]

Ms. **Kaptur**. Excuse me, Bob. Before you leave, may I just say that I know many of the people in Ohio's Ninth District have never met Chairman Bob Edgar. But after hearing his questions and seeing his interest in the problems of veterans here, and knowing that he has a major responsibility for the entire Veterans' Administration hospitals and health care system, aren't you as proud as I am as an American that we have someone that competent in charge of those decisions in the House of Representatives?

Thank you, Bob, very much. [Applause.]

Mr. **Montgomery** [presiding]. Good afternoon.

Ms. **Kaptur**. Will the chairman yield?

Mr. **Montgomery**. I might just yield the gavel to you, since you know how to preside and would do a better job than I would.

Ms. **Kaptur**. Well, I just wanted to formally introduce you to the people of northwestern Ohio and our Ninth District. To have the chairman of the full Veterans' Affairs Committee, who has such a distinguished and well-known reputation around this country, join us here today really makes us not only honored but privileged in Ohio's Ninth District, Mr. Chairman. I just wanted to thank you personally on behalf of all the people here today for being with us. I know what a sacrifice it was for you to come from the Deep South to the far North, and we thank you very much.

Let's give him a good welcome. [Applause.]

Mr. **Montgomery**. Thank you very much, Marcy.

Dr. Rowland, my fellow Americans, ladies and gentlemen: It was worth the trip, Marcy, when I walked in and my comrades stood up for us. It certainly did me a lot of good and it was worth coming all the way from New Orleans this morning, which is not my home, but we were meeting with the Paralyzed Veterans Association there. I'm sorry I am a few minutes late.

I was impressed in driving in and flying in, in looking at the lush green of Ohio, your beautiful district. I want to commend the people of Toledo. I know you don't think it's like that sometimes, but I was impressed with how clean everything was. The houses might be older than some of the homes in my district, but they were painted and clean and I want to commend you for that. I am impressed. Anywhere you go in America you find good things about our country.

Why don't we just move ahead now. It is a pleasure for me to be here. I know a number of you and have seen you at different conventions. I want to say hello to you.

We do want to get something out of these hearings. Marcy Kaptur is one of our outstanding members on the Veterans' Affairs Committee. She has a trait which I wish I had, in that she gets totally involved in individual veterans' cases and she will just keep following up. She worries me on the House floor, "What are we going to do about this?" I say, "Marcy, I wish you would kind of leave me alone and you just go ahead and handle it." But she is dedicated and that is a beautiful trait that she has.

Marcy, why don't you go ahead?

Ms. **Kaptur**. All right, Mr. Chairman. We were just about to question this panel.

Dr. **Rowland**. I would like to make one comment before we ask questions. I do want to thank the chairman for saying what I had said earlier. This just goes to show you that we people from the South always tell the truth, because we said exactly the same thing. [Laughter.]

Marcy, I just want to find out from you, where do you get so much influence to get the chairman of the full committee to come to a hearing? I mean, that's really something.

I just want to ask one question of Mr. Flowers and make one comment. Did I understand you to say there are no outreach centers for post-traumatic-stress syndrome here in Toledo, or did I misunderstand that?

Mr. **Flowers**. No, sir. There are no outreach centers as we know them. The closest would be Southgate in Michigan. Arrangements have been made in past weeks to bring down a psychologist who is a Vietnam veteran to start basically a rap group session, to find the need in this area—we have the need, but to find out how many veterans we can have take part in this.

Right now we use a provider which is from the Toledo Mental Health Center, using four of the neighborhood mental health centers which have rap group sessions and individual counseling. This, again, is a provider, and no outreach service does exist in Toledo at this time.

Dr. **Rowland**. Thank you very much.

Ms. **Kaptur**. Will the gentleman yield?

Dr. **Rowland**. Yes.

Ms. **Kaptur**. I wanted to follow up on that, Mike.

In your testimony, which was excellent, you talked about a staffing level out at our outpatient clinic, and you gave some statistics. You said we were 0.8 below the VA 4.0 minimum level. But could you talk a little more from personal experience about the unmet mental health needs of some of the people that you know? You have talked to me about it sometimes. Could you move it a little bit beyond the statistics?

Mr. **Flowers**. It is hard to make a veteran who has a mental health problem come forward. My basic concern with the organization, and now with my national commitment, is to see if we can make it easier for the Vietnam veteran and for all veterans to admit that there may be a problem in the mental health area. Staffing would help, if someone went in and got the care that he needs. But something more is needed. The outreach from the veterans organization, which is prevalent here in this room, and from yourself, a willingness to hear from us, that is what is needed.

We can basically turn this around and encourage the veterans to take part in whatever it is that we, together, may provide. The veterans out there, it is up to all of us to reach out and help him.

Ms. **Kaptur**. Thank you. And I just have one further question. Clem, you mentioned that you had visited the outpatient clinics in Canton and Columbus, OH, in your testimony?

Mr. **Dombrowski**. The hospitals, the hospitals I visited in Cleveland, Chillicothe, Dayton, and Cincinnati. The outpatient clinics have been opened since my term of office as American Legion commander.

Ms. **Kaptur**. I see. So you haven't visited, for instance, the outpatient clinic in Columbus?

Mr. **Dombrowski**. No, but I have talked to the administrators of both clinics.

Ms. **Kaptur**. You have?

Mr. **Dombrowski**. Yes.

Ms. **Kaptur**. What have you learned from them?

Mr. **DOMBROWSKI**. For instance, the outpatient clinic in Columbus said they had 15 full-time doctors and three part-time doctors on their staff, and a staff of 165 people.

The director of the Canton Outpatient Clinic, Dr. Banami, I think her name is, was just given an award for the outstanding work she has been doing at the Canton clinic. There are no complaints. They say the people walk into the clinic and never wait over 15 minutes.

Ms. **KAPTUR**. Thank you very much.

Dr. **ROWLAND**. I have just one other comment. I would like to say I commend all of you on the clear and concise testimony that you have given here today. I think it has really been good and this is one of the best hearings that I have attended. Thank you for being here.

Mr. **DOMBROWSKI**. One comment, if I may add, to the committee. The previous chairman just commented on the extensive work that the American Legion has done in veterans affairs. To show the interest the American Legion takes in these affairs, our State commander is here and present from Middletown, OH. I would like to introduce Mr. Paul Drake, the commander of the American Legion. [Applause.]

Mr. **MONTGOMERY**. Thank you very much. Dr. Rowland has told me that the testimony so far has been excellent here. Sometimes it gets bogged down, but we are moving right along, which is good.

We now have the fourth panel and would like to call them up at this time. I would like for you gentlemen to certainly stay, and also we would like all of our audience to stay. We want the Veterans' Administration group, of those persons who service the veterans, to come forward now.

We will ask a few questions from our status up here on the platform, and then the Chair would recognize persons in the audience. Ms. Kaptur wanted to give our veterans a chance to ask questions themselves, and we do have the microphones out there that you can come up to and briefly ask your questions.

We have Mr. Stephens, the Director of Medical District 14, the Great Lakes Region; Mr. Carson is Director of the Veterans' Administration Medical Center at Ann Arbor. Mr. Kuhn, is he here?

Mr. **KUHN**. Yes, sir.

Mr. **MONTGOMERY**. He is the Acting Administrative Director of the VA outpatient clinic in Toledo, and Miss Shirley Baron, who is Assistant Chief of Medical Administration at the VA outpatient clinic in Toledo.

Mr. Kuhn, are you on active duty or what? You're sort of throwing me off with your uniform on.

Mr. **KUHN**. Yes, Mr. Chairman, I am. I am presently serving my 2 weeks of Reserve military duty at Fort Drum. I thought it important enough in these proceedings, with the concerns of the veteran patients in Toledo, that I should be here personally.

Mr. **MONTGOMERY**. I think so. As my colleagues know, I am a very strong reservist and you have impressed me if you haven't impressed anybody else. We're glad to have you. [Laughter.]

Mr. **KUHN**. Thank you, Mr. Chairman.

Mr. **MONTGOMERY**. OK. Why don't we proceed. Mr. Stephens, you don't have to say anything, but if you have any comments, we would certainly like to have a brief statement from you. We all work for the same fellow and we are here to help these people, so you might proceed, Mr. Stephens.

STATEMENTS OF JAMES H. STEPHENS, MEDICAL DISTRICT DIRECTOR, MEDICAL DISTRICT 14, GREAT LAKES REGION; JOHN T. CARSON, MEDICAL CENTER DIRECTOR, ANN ARBOR, MI, ACCOMPANIED BY JOHN F. KUHN, ACTING ADMINISTRATIVE DIRECTOR, VA OUTPATIENT CLINIC, TOLEDO, OH; AND SHIRLEY BARON, ASSISTANT CHIEF OF MEDICAL ADMINISTRATION, VA OUTPATIENT CLINIC, TOLEDO, OH

STATEMENT OF JAMES H. STEPHENS

Mr. **Stephens**. Thank you, Mr. Chairman and members of the subcommittee.

I am pleased to have the opportunity to discuss before the Subcommittee on Hospitals and Health Care the provision of care to veterans residing in the Toledo; northwest Ohio portion of Medical District 14.

The mission of Medical District 14 is to provide the highest quality health care to our Nation's veterans by offering a comprehensive range of quality health services in a cost-effective environment. The district meets this mission by providing a full range of primary, secondary, tertiary, and extended care capabilities through a referral network composed of six health care facilities, including four VA medical centers located in the State of Michigan—Allen Park, Ann Arbor, Battle Creek and Saginaw—and two satellite clinics, the satellite clinic here at Toledo, OH, the satellite to Ann Arbor, and a satellite clinic at Grand Rapids, a satellite of the VA Medical Center in Battle Creek.

The Allen Park and Ann Arbor VA Medical Centers provide a full range of tertiary, state-of-the-art specialized services. The VA Medical Center at Allen Park, for example, serves as the district referral center for radiation oncology. The VA Medical Center at Ann Arbor, on the other hand, serves as the referral center for the VA Medical Centers at Battle Creek, Saginaw, and the Toledo and Grand Rapids outpatient clinics.

The district's service area is comprised of the lower peninsula of Michigan and three counties in Ohio, Lucas, Fulton, and Wood, which account for approximately 90 percent of the Toledo outpatient clinic workload. From a current population of approximately 1,140,000, the overall population of the district will decrease about 60 percent by 1990. Yet the workload in this district will increase dramatically in the next few years due to an increasingly aging veteran population.

By the year 2000, over 34 percent of all veterans will be over age 65. These older veterans will use health care services at a significantly higher range than those under age 65. As the World War II veteran cohort ages, it is expected that a larger percentage of this veteran population will turn to the Veterans' Administration for care.

During fiscal year 1983 Medical District 14 treated nearly 36,000 inpatients and a total of 453,000 outpatients. Of this total, veterans from the Toledo area generated approximately 45,000 outpatient visits, of which 33,000 occurred at the Toledo Outpatient Clinic, and another 12,000 vists were provided at the VA Medical Center in Ann Arbor. The latter figure includes about 5,000 referrals to Ann Arbor specialty clinics. Veterans from Fulton, Lucas, and Wood Counties accounted for 11 percent of the inpatient discharges at the VA Medical Center in Ann Arbor during fiscal year 1983.

The district-authorized bed level is 1,896 medical, surgical and psychiatric beds, and 427 nursing home beds. Three hundred and sixty-eight acute beds and 120 nursing beds at the Ann Arbor Medical Center accommodate its primary service area, which includes the three counties in Ohio.

I would like to further discuss the role of the District and its relationship to the veterans in northwest Ohio. Medical District 14 is a regionalized referral network of service which makes for a comprehensive health care delivery system. The district acts as a consortium to identify issues, specifically defined needs of veterans in this area, and to provide joint planning and development to meet forecasted needs. This results in better utilization of our scarce resources and the provision of quality care while containing costs.

The primary role of the medical district initiated program planning process, or MEDIPP, as it is commonly referred to, is the identification of and planning for meeting the needs of these veterans. The planning activity is addressing the following mandated issues: the needs of the aging veteran population, developing high quality alternatives to costly hospitalization with priority on ambulatory care, the provision of equally accessible and comprehensive care for female veterans, a Department of Defense contingency in the event of national emergency, and other issues such as state-of-the-art technological improvement, the specific development of ambulatory surgery where deemed appropriate, and expansion of our capabilities in mental health and substance abuse, particularly in aftercare programs.

Needs of the Toledo-northwest Ohio population have been covered in overall district planning and specific plans developed both for the VA Medical Center at Ann Arbor and the Toledo Outpatient Clinic are included. One example already realized has been the newly opened 120-bed nursing home care unit at the VA Medical Center Ann Arbor. This unit will meet current and projected needs for the VA Medical Center Ann Arbor service area, including northwest Ohio, through 1995.

The nursing home needs throughout the district are also met by the use of contractual community nursing home care services. The VA Medical Center at Ann Arbor maintains several contracts with nursing homes in the Toledo, OH, area to allow even closer placement of veterans to their family and home community.

Special study groups have been formed to advise and recommend solutions to specific planning issues. At the present time the ambulatory care group is considering outpatient care needs for both the Toledo area and the entire district. A geriatric study group is studying the possibility of providing an adult day care center component for each outpatient care site to better address the needs of aging veterans. Another group is resolving the high technology issue, the provision and accessibility of the latest state-of-the-art diagnostic and therapeutic techniques for veterans within our district.

With this referral network, the current assessment of the workload, staffing, and the relationships at the Toledo Outpatient Clinic is considered at this time to be adequate. As increased or additional needs are identified through the MEDIPP process, they will be addressed and the resources needed will be provided.

The Toledo Outpatient Clinic experienced 33,000 visits for fiscal year 1983 and 34,600 visits are estimated for fiscal year 1984. The present projections are for 43,300 visits for the fiscal year 1990.

One of the questions that was previously asked, that I addressed in my testimony, was there a difference between a satellite clinic and an independent clinic? The differences are principally in terms of administration rather than programs. The satellite clinics are usually satellited to a major medical facility. The characteristics of the existing independent clinics relate to either largeness of size or remoteness in location. Where there is a possibility to satellite to a parent health care facility, that can provide a backup range of full and comprehensive services, this is usually the approach that is taken.

The independent clinic clearly has an independent administrative direction and it has independent service chiefs to administer the major programs, whereas the satellite clinic depends on the parent institution.

With regard to the provision of services, these usually relate back to a combination of demand and ability to staff and provide those services.

In conclusion, I wish to express appreciation to the subcommittee for the opportunity to discuss the Veterans' Administration health care system in Medical District 14 and its perspective regarding the northwest Ohio portion of its population served. We in Medical District 14 view the future with confidence, that we will continue to deliver high-quality programs and services to all veterans within the district. We are accomplishing this aim through our MEDIPP planning and the creation of a referral network of health care services accessible to all our veterans, while avoiding unnecessary duplication of services and programs. This allows the veterans in northwest Ohio to have access to a full range of medical, surgical, and psychiatric specialty programs, plus the very latest diagnostic and imaging techniques.

This concludes my statement, Mr. Chairman. I will be pleased to respond to questions from the members of the subcommittee.

[The statement of James Stephens appears at p. 114.]

Mr. MONTGOMERY. Thank you, Mr. Stephens.

Why don't we maybe hear from Mr. Carson, and if the other two panel members have any remarks, they will be put in the record. Mr. Carson, why don't you summarize your statement? Your statement will be printed in full in the record, and then we will move into questions.

The Chair recognizes Mr. Carson.

STATEMENT OF JOHN T. CARSON

Mr. CARSON. Yes, sir. Thank you.

Mr. Chairman, members of the subcommittee, and guests, thank you for the opportunity to appear before the Subcommittee on Hospitals and Health Care to update you on the current status of the Veterans' Administration Outpatient Clinic here in Toledo.

As a primary care facility, the clinic offers outpatient services in general medicine, dentistry, psychiatry, social work, rehabilitation medicine, prosthetics, laboratory, x ray, pharmacy, dietetics, and podiatry.

To provide adequate and efficient services to our veterans, 52 staff members are employed at the clinic. The present staff includes three full-time and two half-time general medicine physicians, a part-time psychiatrist and psychologist, two full-time dentists, five full-time and one half-time registered nurse, and one full-time psychiatric clinical specialist.

During its first full year of operation in fiscal year 1980, the clinic experienced just over 27,000 outpatient visits. Since its first year of operation, the number of outpatient visits has grown to where the clinic performed just over 33,000 outpatient visits during fiscal year 1983.

The satellite facility is primarily divided into three clinical programs: general medicine, mental hygiene, and dental. The general medicine program represents the major share of outpatient visits, with just under 20,000 or 60 percent of the total clinic workload, performed during fiscal year 1983. The majority of patients referred to Ann Arbor for specialized medical attention are referred by the general medicine program in Toledo.

Surveys and inspections conducted by the Systematic External Review Program, commonly called SERP within the VA, in January 1984, and the Office of the Inspector General in May 1984, have pointed to low workload levels in comparison to staffing in the mental hygiene and dental programs. Rather than reducing current staffing levels, we are searching for alternatives to increase workload to appropriate levels. One definite possibility is to reclaim patients who are presently receiving required services in the community through the fee basis program.

In fiscal year 1983 the Cleveland Regional Office spent $47,000 on a fee-basis program for the provision of mental health service to Toledo-based veterans. To correct this problem, the 0.6 psychiatrist position will be increased to full-time effective September 1984. With the appointment of a full-time coordinator for mental hygiene activities on July 23, 1984, to oversee programs in both Ann Arbor and Toledo, the schedules of mental hygiene practitioners will be modified to permit implementation of a group therapy practice in Toledo. Implemented successfully in Ann Arbor during fiscal year 1983, group therapy will free up sufficient time from the practitioners' schedules to enable them to treat additional patients presently receiving required attention through the fee basis program.

Auditors from the Office of the Inspector General indicated that each general medicine physician should be performing between 4,000 and 5,000 outpatient visits per year. Because the general medicine staff is close to reaching this level, a three-quarter time physician will be appointed effective September 1, 1984 to assist that program in meeting anticipated workload increases during fiscal year 1985.

Perhaps the best indication of the clinic's overall performance is found in the recent results of the DM&S sponsored patient satisfaction survey administered during the week of November 30, 1983. Over 91 percent of the time the clinic was well above the acceptable level of favorable responses established by DM&S for each criterion in each patient category. In addition, the clinic conducted its own outpatient satisfaction survey during the week of March 12, 1984. The positive outcome of these surveys is testimonial to the quality and effectiveness of services delivered at the clinic.

In summary, the Toledo Outpatient Clinic, as a satellite facility to the Veterans' Administration Medical Center Ann Arbor, has developed into a major provider of primary health care services for veterans residing in the Toledo area over the last 5 years. With the appointment of Mr. John Kuhn, Assistant to the Director, to serve as the interim Administrative Director in March 1984, the medical center demonstrated our ongoing commitment and concern to stimulate communication and to ensure appropriate interfacing between staff members both in Toledo and Ann Arbor.

This concludes my written testimony. I would like to add that I have listened carefully to the concerns voiced by the veterans who have spoken here this afternoon. Some of their testimony reflects national concerns, which we share. But many are issues that can be addressed and resolved here in Toledo. I will plan to meet with these veterans and on September 12 will meet with service officers from Toledo so that we can attempt to address these issues. I would like to continue to meet with the service officers on a regular basis so that these kinds of concerns can be voiced and resolved promptly.

Thank you.

[The statement of John T. Carson appears at p. 122.]

Mr. Montgomery. Thank you, Mr. Carson. The latter part of your statement there is really the way you get it done, meeting with these veterans and with the service officers. We found out that one-half or maybe two-thirds of some of these problems can be solved right here on the scene.

Do either of the other two panelists have any comments or questions? OK. Why don't you just stay there as we may have some questions that might come your way.

Since I have come thousands of miles, I think I will take the privilege of asking the first question. Then I will recognize my colleagues. We do want to hear from the veterans. That's what Ms. Kaptur has been telling me, that she wants the veterans to be a part of this. We have about 35 minutes and we should be able to cover the subject very well.

Not to put you on the spot in any way, Mr. Stephens, your statement on page 7 caused some comments or murmurs from our audience: "The current assessment of the workload, staffing, and relationships at the Toledo OPC are that they are adequate."

Would you care to follow up on that comment, that statement that you made a part of the record?

Mr. Stephens. Yes; the reference to the adequacy of the staff is particularly focused on the subspecialty workload and staffing. As you recall in my testimony, I indicated that approximately, of the current workload of the Toledo clinic, approximately 5,000 visits on an annual basis are referred to Ann Arbor for subspecialty care. That involved a variety of specialties, I believe, including cardiology, orthopedics, audio-laryngology and speech, and audiology.

Given the volume of those subspecialty referrals, it is not considered feasible to staff to deploy fully, onsite, to provide those. It is felt that at least in our medical district planning that the provision of that service can be done in a high-quality way and cost-effective way through referral to a tertiary care center where the critical mass already exists, and at such time, when the volume of that work would arrive at a level where it is cost effective to provide it in any one of those areas, that it would be provided onsite.

Mr. MONTGOMERY. Thank you.

Ms. Kaptur.

Ms. KAPTUR. Thank you, Mr. Chairman.

I would like to move on to questions from the audience, but I did want to ask Mr. Carson if you could briefly summarize—I know you had a lot of things in your testimony, as did Mr. Stephens—your plans for the relationship between our clinic and the mother facility in Ann Arbor. Could you just tick those off in a summary fashion for the people assembled here, please?

Mr. CARSON. I'll try to. I think the biggest step we made recently is to appoint John Kuhn as an interface between the Toledo Outpatient Clinic and the parent facility at Ann Arbor.

Another thing that we have done very recently, and one of the needs that we have noticed at the Toledo Outpatient Clinic, with the workload in the general medicine clinic increasing, is that not only do we need an internist down there, but it would be very helpful for us to have an internist who has particular knowledge in cardiology because of the large number of cardiology consults that have to be sent to Ann Arbor, the EKG's that need to be read. So effective September 1 we have hired an internist to work half-time at the Toledo Outpatient Clinic who is also skilled in cardiology. I think that will be a significant step.

Where we will go in the future with the relationship between the specialty clinics that Mr. Stephens mentioned, being at the parent facility versus being at the satellite facility, at the present time it appears to us, because of the volume of the tests sent to Ann Arbor, that Ann Arbor is still capable of handling those and that it would not at this present time be cost effective to have every medical specialty at the Toledo Outpatient Clinic. We will certainly be glad to look into that and explore it. But the Toledo Outpatient Clinic mission is primary care and that the specialty clinic backup at Ann Arbor should be sufficient.

I have heard today several comments that a number of things were not sufficient, and I look forward to the meeting on September 12 to get more details on those so that we can get a reply not only to the veterans organizations but to this committee on what our intentions would be on each specific specialty that has been questioned today.

Ms. KAPTUR. Also, several of the members from out of the district were surprised at the proximity of the Medical College of Ohio to the outpatient clinic. I understand that in July of this year an agreement was struck regarding dental care.

Could you summarize for the people what the nature of that agreement is, please?

Mr. **Carson**. Yes, ma'am. We now have a dental residency program with the Medical College of Ohio at Toledo, between the Medical College of Ohio at Toledo and our outpatient clinic for dental residents. We now have a dental resident working at the clinic.

Ms. **Kaptur**. Why did you choose to go that contractual route in that particular area as opposed to cardiology or some of the other areas that we were talking about this afternoon?

Mr. **Carson**. We chose that for a number of reasons. One of the main reasons obviously is that dental felt the need for a resident. They had communications with the Medical College of Ohio at Toledo and it was able to be worked out.

As I mentioned to you and some of the other members of the committee earlier, a number of years ago Dr. Burkeholder, our chief of staff, and I did have some interface with Dr. Rupert, who is the president of the Medical College of Ohio at Toledo, regarding the availability of medical residents from the Medical College of Ohio at Toledo working at the Toledo Outpatient Clinic. It was subsequent to that that we learned the present VA policy is that there will only be one affiliation at VA facilities. The VA Medical Center at Ann Arbor has a close affiliation with the University of Michigan, and since the Toledo Outpatient Clinic is a satellite clinic, it was considered that we had our one affiliation.

As I understand, this is a rule that was put into effect in about 1975. We have had some various discussions about the geographical distance between Toledo and Ann Arbor and the potential benefit of having residents at least in general medicine at the Toledo Outpatient Clinic. To date, we have still been told that there should be only one affiliation.

Ms. **Kaptur**. I understand that in the Grand Rapids Outpatient Clinic there has been an affiliation developed with St. Mary's.

Mr. **Carson**. Well, it is really not an affiliation. What they do, they rent space for their outpatient clinic at Grand Rapids, and I believe they have their radiology and their laboratory support received from St. Mary's Hospital. The major difference is that the Veterans' Administration is saying that each medical center, if it did not have more than one affiliation before 1975, can now only have one affiliation with a medical school.

Ms. **Kaptur**. I wanted to ask just one final question, Mr. Chairman.

In talking to some of the veterans in our district—and I'm looking at what you had to say about nursing home care—one of our concerns has to be the adequacy of beds. I know our office has been involved and the VA has been very cooperative in helping us to find beds for veterans who need them desperately.

What are your thoughts as far as how to handle the increased nursing home bedload that will no doubt occur in the Toledo area over the next decade?

Mr. **Carson**. Well, this medical district, as Mr. Stephens has mentioned, has been doing a lot of planning. At Ann Arbor, we have just opened a 120-bed nursing home care unit with a phase in activation so that all 120 beds, or 95 percent, we anticipate, or about 114 of those beds, will all be filled by March 1985.

The thing that we are looking at, from the projections that we have seen with the aging veteran that causes us concern—I believe I'm correct, and Mr. Stephens can correct me if I'm not—that over the next 10 to 15 years our medical district, in maintaining the current mix of veterans—I believe 20 percent of all veterans in nursing homes are under VA auspices—this is the VA mix—and the percentage of those are 5 percent in VA-owned nursing homes, 15 percent through the community nursing home program and State veterans nursing home programs. To maintain that mix, I believe we will be 50 percent under our required number of nursing home care beds by the 1990's. Is that the way you recall it?

Mr. STEPHENS. By 1995.

Mr. CARSON. By 1995. So we are looking at, in the near future, a tremendous challenge for us to meet in dealing with the aging veteran population. If you can translate that particular dilemma we have in this medical district, we are probably not that different from other medical districts in the Veterans' Administration.

Ms. KAPTUR. Thank you.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Ms. Kaptur.

Dr. Rowland.

Dr. ROWLAND. Thank you, Mr. Chairman. I have a couple of questions.

Are office-type gynecological procedures available here now in the outpatient clinic?

Mr. CARSON. John tells me that they are referred to Ann Arbor. We have a board certified gynecologist on our staff at Ann Arbor, plus a consultant in gynecology.

Dr. ROWLAND. This is a family practice oriented-type clinic here, and so——

Mr. MONTGOMERY. Why don't you just answer the questions, Mr. Kuhn? You can take a mike over there.

Mr. KUHN. Yes, sir; as Mr. Carson mentioned, female patients who come in for gynecological workup are referred to the parent facility in Ann Arbor. There is a physician in the general medicine clinic in Ann Arbor whose clinical background happens to be in gynecology.

Within the realm of resources that we have at our disposal in Toledo, the statement that Dr. Cather made earlier about our clinic being a family practice type of setup is correct. However, gynecology is one of those areas of clinical service that falls outside that realm——

Dr. ROWLAND. I disagree with that.

Mr. KUHN [continuing]. Well, OK. Within the capabilities of the clinic to provide service.

Dr. ROWLAND. Perhaps those physicians here don't do that type of service, but that does fall within——

Mr. KUHN. Yes, that's my comment, yes, sir.

Dr. ROWLAND [continuing]. All right. The physicians here, then, don't undertake that type of——

Mr. KUHN. No, sir. And for that reason, they do go up to Ann Arbor. But yes, it is within the realm of family practice, but our physicians do not have that capability of doing that kind of work.

[Subsequently, the Veterans' Administration furnished the following information:]

Mr. Kuhn unknowingly indicated that gynecological services for female veterans were not available at the outpatient clinic and that female veterans would have to be referred to the medical center in Ann Arbor for appropriate care.

Physician staff does, in fact, provide assessment and care specific to the needs of female veterans. These services include taking a gynecologic and obstetric history and performance of a breast examination, pelvic examination, and Papanicolaou (Pap) tests.

Ms. Marcia Piotrowski, R.N., Nursing Coordinator at the clinic, provided Representative Kaptur and her staff with this information immediately following the hearing.

Dr. ROWLAND. OK, very good.

I want to explore just a little bit further the fact that the clinic here is understaffed. I was told earlier that you have about 30 patients a day per physician. Mr. Carson said that you have three full-time and two half-time general physicians on the staff there. That's about 130 patients a day, and if you multiply that times 5 days, that is 650 a week, and if you take 52 weeks, that's a little over 34,000. That's about what you said; 30 patients a day is just about all that one person would handle. So it seems to me that you are operating at full capacity at this point. If that's not right, then I would like for you to correct me on that.

It seems that there are people who are being turned away because of the fact that you apparently are operating at capacity.

Mr. CARSON. I would have to agree, that we are operating at capacity. That is the main reason that we have hired the additional internist who also has the cardiology backup which we have needed for so long.

I am not familiar with people being turned away, though.

Dr. ROWLAND. We heard earlier that it takes 5 or 6 months sometimes to get an appointment, so we have some conflict here.

Mr. CARSON. Yes, sir; I think maybe I can address some of that. I have a list of schedules for physicians. There was a period of time when we were having difficulties before we sent John down. John, and Dr. Cather, and others at the clinic have worked on a much better scheduling system. Before me I have a list of the next available appointment times for initial appointments or for return appointments broken down by service connected and nonservice connected for our physicians in the general medical clinic. They range from September 28, 1984, for a service-connected initial, to October 10-29, 1984 for a service-connected initial. For a nonservice-connected initial, they range from, by physician, from October 3, 1984 to December 7, 1984. For return visits for service connected, August 16, 1984, would be the earliest, and a return visit for nonservice connected would be August 29 as the earliest return visit for nonservice connected—in the general medical clinic.

Dr. ROWLAND. Well, that somewhat conflicts with some of the testimony that we heard earlier I just thought we ought to discuss that a little further.

Mr. CARSON. I don't think it necessarily conflicts in total. There have been difficulties that I think have been pretty much resolved. But there were periods of time where there were long waiting periods. I am not sure it was up to 6 months, but there were waiting periods that we considered inappropriate and that was one of the things that John started to work on right away. John may want to explain what modifications were made to provide additional appointment slots.

Dr. Rowland. I don't want to take too much time here, Mr. Chairman.

Ms. Kaptur. Will the gentleman yield?

Dr. Rowland. I will yield.

Ms. Kaptur. I just wanted to thank Mr. Carson for your offer to meet with veterans' representatives from our area. Our office will certainly be happy to participate, to help broker those meetings, and to keep working with you so we can iron out some of these difficulties. But I was very happy to hear that and want to thank you for it.

Mr. Carson. Thank you. We will certainly send your office a formal invitation for September 12.

Mr. Montgomery. Before recognizing persons in the audience, the Chair would like to comment. Over the years that I have been to a number of hearings, Marcy Kaptur, this is one of the largest hearings that I have had the privilege of attending. This is a tremendous veterans group here at 4 o'clock in the afternoon. It does you some good as well as us, in that we know that you do care. We will go back and try to work out some of these problems.

We never get enough funding for any type of Federal Government program, but we think in the last 3 or 4 years the funding has been adequate in relationship to the budget that we have. We think we can continue to see that the veteran will be treated fairly. But I do want to emphasize, as I said earlier, you never get all the funding you want. But we feel pretty comfortable with what we're getting now. For us to do the job for you in Washington, you have got to have active posts and chapters all over the country, and you have to talk to your Members of Congress. Most of them are not on the Veterans' Affairs Committee and they have other interests, so we have to have you talking to other Members of Congress, and if you can do that, I think we will continue to be treated fairly in the Congress of the United States.

In the years I have been chairman, we have never had over 10 or 15 people vote against any of our legislation. We haven't tried to be hoggish or selfish. We have tried to be fair and put the moneys where the needs are.

Having made that comment, the Chair would like to start in this corner of the room. The lady who held up her hand, the one with the cane, would you please go to that microphone? Please give us your name, and if you would limit it to one question, that would certainly help.

Mrs. Reichow. I have worked with Marcy Kaptur. My husband and I talked to Lindsay the other day in her office. She is the one who told me to come here and ask about my husband.

I have worked with Jim McCauley, I have worked with the VA, I have worked with Mrs. Kubacki. My husband has talked to—we have gone to almost any possible measures that we could find. My husband has gone from a struggling soldier, when he came out of service, to a near vegetable. He was taken to Ann Arbor, MI, several trips for different examinations and different things there. Then he was in the hospital. He was sent up with an upper GI and a lower GI from Ann Arbor hospital, which is probably understaffed, because seemingly, when I was down there, he seemed to get fairly good care. But he was sent home and he almost died with the barium that they left inside his bowels. They did not give him a laxative to take it out. They had to dig it out with their hands in a private hospital, which done quite a bit of damage.

The next time then he was sent to the Cleveland hospital, which treated him like a dog. A dog is treated better than my husband was treated. We stood 5 hours in a hallway waiting for them to even put him in a room, while they literally ignored us, the doctor did. And then, when they sent him home, they sent him home naked, 265 miles to our home in an ambulance, on the day before Decoration Day last year, because they did not have staff enough there to be able to keep him over.

Mr. MONTGOMERY. Would you identify yourself?

Mrs. REICHOW. Mrs. Reichow, Mrs. Elmer Reichow.

Mr. MONTGOMERY. And which hospital are you talking about?

Mrs. REICHOW. Now I'm talking about when he was sent—first it was to Ann Arbor with the barium, and now I'm talking about—he was supposed to be sent to Cleveland hospital for evaluation and examination for an increase in benefits. We stood for 5 hours. He layed on an ambulance cart for 5 hours in the hallway, totally ignored. Nobody even paid a bit of attention to him. They couldn't even find a blood pressure instrument to take his blood pressure. Then they did finally get him to a room. He was sent there for evaluation and examination for an increase in his benefits.

They didn't hardly do anything for him at all. They kept him there, and then that May the doctor called me up and said, "I'm sending your husband home because we are understaffed." That was 9 o'clock in the morning. At 6:30 at night, my husband come home from Cleveland, OH, with me waiting since 9 o'clock in the morning for him, to come by ambulance. I didn't know what happened to him or anything in between.

When I made a long distance call to Cleveland, he says he's on his way home. Well, he came at 6:30 at night. That was a year ago, in May.

On the first of June, after that May a year ago, he was to be sent to Brecksville Rehabilitation Center to try to help him to get rehabilitation to learn to walk, to be able to walk over again. Well, it's been a year ago June and he still has not been there.

I wrote to Marcy Kaptur on this and got a letter from the head chief at Ann Arbor hospital. The doctor that treated him when he was there wasn't there. They pushed him on to some other place. They didn't have any papers on him to go to Brecksville or nothing. They went back and forth to Brecksville and are still going back and forth, because I heard, when I got my return letter from Marcy Kaptur, they took a Dr. Sole or something like that, a Philippine or something, which is head of rehabilitation at Brecksville hospital. She called me and said that she would see that my husband got in soon. Well, that is a year ago June and still has not ever been in it.

Mr. MONTGOMERY. If you don't mind—and Ms. Kaptur will follow up on this problem. I think you have a serious problem, and we certainly want to do what we can. That is why we are having the hearing today.

We have kind of a time limitation, though. If you could kind of wrap up what you would like for us to do, we will try.

Mrs. **Reichow**. All right. The wrap up is, my husband has been in the hospital 21 times, in a private hospital, in the last year and a half. I just got him home by ambulance the other day.

Mr. **Montgomery**. Well, we will certainly follow up——

Mrs. **Reichow**. We tried to get him in Ann Arbor hospital through the social worker——

Mr. **Montgomery** [continuing]. Is he service-connected or nonservice-connected?

Mrs. **Reichow**. As of right now he's getting 30 percent.

Mr. **Montgomery**. All right, that's service-connected.

Mrs. **Reichow**. And that's from the neck down.

Mr. **Montgomery**. Thank you very much for your seriousness and sincerity.

We want to kind of work over the room and then we'll come back. The gentleman in the blue shirt and white hat on, come right to this microphone. If you could try and get to the point and to the area you are interested in, it would certainly help us.

Mr. **Wammes**. Well, I've got enough here that I could probably spend 8 hours telling you about the Ann Arbor hospital.

Mr. **Montgomery**. Good or bad? [Laughter.]

Mr. **Wammes**. Well, going back to March of 1983, I was in the hospital up there at Ann Arbor 17 days. I had an operation, which the room I was in I wouldn't have kept any of my dogs or cats in that room. My daughter, she wrote Marcy Kaptur a letter, which I have right here—I got an answer back. She did a real good job. I think there was quite a few of the people up there that got fired, and they cleaned the place up.

Well, the same operation I had in March of 1983, I had to have the same operation in 1984. Now, what they did on March 12 of 1984, I went in on the 8th of March and got out the 16th. On March 26 I had to go back in again. They kept me another 5 days. So now the operation they did is not right.

I was up there last week in Ann Arbor. Dr. Gillette, he called me a week ago today. They're going to change my medication. I still don't have the medication yet. I don't have my pills and medicine. Now, how long does it take Ann Arbor to send your prescription through the mail? Does it take a month, or can they do it in a couple of days? Now, they tell me up there it takes about 3 weeks to get your medication from Ann Arbor.

I could tell you plenty more if——

Mr. **Montgomery**. Can anybody answer that from the VA here?

Mr. **Carson**. Bob Colont, our chief of pharmacy, can address that.

Mr. **Colont**. My name is Bob Colont. I am the chief of pharmacy at Ann Arbor. Currently our mail-out turnaround time is running about 5 days from the time we receive a prescription until the time it leaves. That is an improvement, you know, but all I can do is ask this gentleman's name and I will follow up to make sure we have received the prescription.

Mr. Montgomery. All right, let's have a little order. We're trying to help. You know, sometimes the post office has their problems, too, the mail service.

The Chair would recognize the gentleman for another minute, and then we're going to have to move over to this section.

Mr. Wammes. OK. I will give the gentleman my name. The first name is Cyril Wammes, W-a-m-m-e-s.

Mr. Montgomery. Thank you.

Mr. Wammes. Also, I have a letter here of about 11 pages. I'm going to send them back to Marcy Kaptur and let her read them over.

Mr. Montgomery. She would be glad to get your letter. I know she will follow up.

Let's get the gentleman back there with the camouflage cap. He looks like he's a Vietnam veteran. I know he's not Granada. You might identify yourself, please.

Mr. Beard. My name is Bill Beard. I am with the Vietnam Veterans of America.

Mr. Montgomery. Are you from this area?

Mr. Beard. Yes, sir.

The problem I have is with the current PTSD treatment facilities in the area. As of now, I don't know of any Vietnam veterans that are on staff at these facilities, especially at the VA contracted facilities of the West Center.

In talking to Vietnam veterans in the area, I have found that they find it very difficult in opening up to anyone who can't relate to their experience, or at least was in-country, and I would like to see something done about that one topic. It is very much needed, to get these veterans to come out.

One other point I would like to bring up is the hours of the outpatient clinic. They just don't seem to meet the needs of a lot of veterans in that they close at 5 o'clock, and most veterans don't get out of work until then.

Mr. Montgomery. All right, let's try to get that question answered from Mr. Kuhn.

Mr. Kuhn. The hours of clinic operation are Monday through Friday, 8 to 4:30. However, oftentimes the number of walk-in patients that are coming in on a daily basis prohibits the staff from leaving right at 4:30. Often the staff is there until 5, 5:30, and in some instances a quarter of 6. As far as patients coming through the door, however, the hours of operation, as they stand right now, are 8 to 4:30.

Mr. Montgomery. Mr. Stephens or Mr. Carson, are there any other outpatient clinics that operate on different hours? What is the standard procedure of the 224 outpatient clinics we have?

Mr. Stephens. Mr. Chairman, I am not aware that any of the clinics are operating beyond an 8-hour day, so I couldn't respond to that in any definitive way.

Mr. Montgomery. Well, we'll look into that. We brought a team from Washington and we'll look into that and see what the problems are.

The Chair would recognize the gentleman for 1 more minute.

Mr. **Beard**. Just the other part of what I brought up about the Vietnam veterans on staff. I would like something to be done about that because I feel like it is very necessary.

Thank you, Mr. Chairman.

[The statement of William A. Beard appears at p. 127.]

Mr. **Montgomery**. Thank you. That was very helpful.

The gentleman in the black shirt there, we'll get him first. Identify yourself.

Mr. **Pitman**. Sylvester Pitman. I've got a simple question. I would just like to pass an employment physical. I have tried for 14 years and I have never passed an employment physical.

Mr. **Montgomery**. Employment for the Veterans' Administration?

Mr. **Pitman**. No, sir, any employment physical.

Mr. **Montgomery**. I follow you now. In other words, when you go to apply for a job, because of your Vietnam service-connected disabilities, you are not able to secure a job; is that it?

Mr. **Pitman**. Right. I failed a post office physical twice. I was referred by the Veterans' Employment Service in Chicago to an agency for paraplegics. If I couldn't work for the post office, he couldn't send me out.

Mr. **Montgomery**. Well, we will follow up on that. We do have a Vietnam-era jobs bill which this committee implemented, passed 2 years ago. We're having a tough time getting it off the ground. As of today we have found jobs for 11,000 veterans of the Vietnam-era and service-connected veterans in the private sector. The Federal Government pays half of the salary for the first year, the first 6 months. We think the program will help and I am sure Ms. Kaptur will be glad to help.

Mr. **Pitman**. It is awfully hard to put on an employment application that you've been in the hospital 22 times.

Mr. **Montgomery**. The staff informs me—and I didn't think so, either—that most of these Federal jobs don't require physical examinations, if you're service-connected and have point credits.

Mr. **Pitman**. I have had the points.

Mr. **Montgomery**. All right, we'll follow up on it.

All right, this fellow way back there, he's got his buddy helping him out.

Mr. **Euler**. I am Art Euler and I'm with volunteer services out there with the American Legion. I would like to bring up a different subject, and the subject is the leasing of that building out there, plus the maintenance that should go with it.

Now, what you seen out there today isn't what is usually out there. We even have trouble mowing the grass. A lot of the trees died because they didn't take care of them. The wires came in to. It irked me to no end last Thursday when I see them, because of this committee meeting, see them cleaning the cracks in the sidewalks.

Now, some of us volunteers put some flowers there, and beside them all we see is high grass and weeds. The maintenance people, as I understand, it is the responsibility of the people we lease that building from; is that right?

Well, they do a terrible job, and I wished he was here, of the yard work and the roof work. You go there during the rain and you have to have buckets.

Mr. MONTGOMERY. Is that at the outpatient clinic?

Mr. EULER. Yes, absolutely.

Mr. MONTGOMERY. Would someone like to answer that question? Is that contracted out, or how do we handle that?

Mr. CARSON. Yes, sir, I will try and answer that. There is no one who is a more dedicated volunteer than Mr. Euler, and there is no one who knows the conditions at the clinic better than Mr. Euler.

He is correct. We have had difficulties with our lease arrangement at the clinic. It is a lease and the maintenance is provided under the lease. When I talked to Art earlier today, I assured him that with John Kuhn being down here, we were going to follow up and get some positive action on things like the roof and getting the grass cut on a regular basis, as it should be.

Mr. MONTGOMERY. Thank you, and thank you for volunteering.

Mr. EULER. One more thing. The snow, we have the same problem. These poor veterans walk up that sidewalk, or in wheelchairs.

Thank you very much.

Mr. MONTGOMERY. We thank you for volunteering. We couldn't run these places without the volunteers and persons like you, and also the auxiliary groups.

Mr. EULER. I'm glad you feel that way.

Mr. MONTGOMERY. Thank you.

This gentleman who brought his statement up here, the Chair would recognize him. Just use that microphone right there.

Mr. BARROW. My name is Bill Barrow, Toledo, OH. I don't have much to say, except you've got a little speech over there and I just gave it to you for the record. But I want to tell you, I think I speak for a lot of my pals here, and I think we got the best goddamned health care service in the world.

Mr. MONTGOMERY. Thank you very much.

The Chair is going to recognize the gentleman in the rear there. All right, just stand up there and let him finish.

Mr. BARROW. I would like you to just pay us a little bit more attention to this local administrator and his recommendation, because we're going to meet with him. Most everything I hear is local problems, they're local problems. He has made a big study of our needs. These doctors are working their ass off. They're working all the time here, because I was in this clinic yesterday and they work right up to the clock, the nurses and the medicine. There is nobody who is turned away. I have been here 11 times. And if they want to find out the price of medicine, they ought to do like I did. They should go out in the street and pay. You get cured quick.

I want to thank you very much for being here, and I appreciate America.

Mr. MONTGOMERY. We appreciate you saying what you did. Thank you very much.

Mr. RAYFORD. Thank you, Mr. Chairman. My name is Bennie Rayford, service No. 42836-940739, U.S. Navy, World War II. I do not wish to burden you at this time at my request, but I have submitted written testimony requesting the assistance of this committee to assist me in getting my records so that I can really get the kind of health care that is needed. Just for the record, I enter my name for the record. I have the written testimony that I have submitted.

Thank you.

[The statement of Bennie Rayford appears at p. 127.]

Mr. MONTGOMERY. Thank you.

We will go for another 10 minutes, which will be 15 minutes over our time. The gentleman in the blue shirt and something that looks like a beard back there.

Mr. STEVENS. Mr. Chairman, Dr. Rowland, and——

Mr. MONTGOMERY. Tell us your name and talk into the microphone. We can't hear.

Mr. STEVENS [continuing]. OK. My name is Russ Stevens. I'm with Vietnam vets. Two things. The first thing I want to talk about is the PTSD thing. Since this clinic out here is going to be understaffed anyway, why don't you just close it down, give it to us as a vet center, staff it that way, and contract all the services out to the medical college, because it's right across the street.

The other thing is that I'm rated at 100 percent. I'm getting paid 20. I have been getting paid 20 for about 8 years. I guess I'm going to die broke.

Mr. MONTGOMERY. Thank you, sir. You got right to the point.

The Legionnaire right here, sir.

Mr. WAGNER. My name is George Wagner. I'm with the American Legion.

Mr. Stephens made the comment that there was 12,000 per year referrals from Toledo to Ann Arbor. That averages out to 48 referrals per day to Ann Arbor. Now, being I worked at Ann Arbor one time, I can tell you that they also refer their patients to the University of Michigan Hospital. Why couldn't our clinic be an independent clinic and we could refer to the medical college, and as a veteran, we could be better able to watch that clinic from here at home and watch what the Medical College of Ohio does with our veterans. I think that's the way we should go.

Mr. MONTGOMERY. Would any of the witnesses care to comment on that proposal, Mr. Stephens or Mr. Carson?

Mr. CARSON. I believe, sir, that the referrals to Ann Arbor in fiscal year 1983 totaled 4,894, according to the sheet that I have. It is true that, on occasion, we do refer veteran patients to the University of Michigan to provide services that we cannot provide at our medical center.

Mr. MONTGOMERY. Well, maybe I misunderstood the question. I think he wondered why you don't refer them more to the Toledo area, in the hospital facilities in that area; was that the way you understood it, Marcy?

Ms. KAPTUR. Yes; I think there is a real legitimate question on the veterans organizations in this community as to why we originally were designated as a satellite clinic, as opposed to an independent clinic in the VA's planning in past years. We have both a large veteran base, and a remote location. There is a legitimate question administratively as to why we shouldn't be independent here, or why we couldn't contract out more of those services to MCO, let's say.

Mr. CARSON. Yes, ma'am; I really don't know, at the time it was decided to put a clinic at Toledo, as to why it was decided to make it a satellite clinic, except what I mentioned before, in terms of the economies of scale of having it attached to a medical center that has the specialized backup already in place, not only for costs but in difficulty in recruiting appropriate specialties.

We do send patients from the Toledo Outpatient Clinic to the Medical College of Ohio when there is a medical need and that patient cannot be transferred to the Ann Arbor VA Medical Center. I believe so far this year we have sent something like—I'm sure John can give the exact figure—that $50,000 worth of fee basis services were secured from the Medical College of Ohio at Toledo by the Ann Arbor VA Medical Center.

Mr. **Wagner**. If I could make just one more comment. I know it seems like a very little thing, but the parking at Ann Arbor, if we could have our veterans go from here to the medical college, where I know they can park a car, whereas in Ann Arbor there is absolutely no parking at Ann Arbor for anyone. They drive around those lots for hours looking for a spot just to get into the Ann Arbor facility.

Mr. **Montgomery**. Mr. Carson, do you want to comment on that?

Mr. **Carson**. Yes, sir. There is no question that parking is a very difficult problem at the VA Medical Center in Ann Arbor. We have just completed a total renovation of our parking lot and we were able to add something like 120 more spaces. In addition to that, we leased approximately 300 spaces from the University of Michigan. A hundred of the spaces are across the street, near the Ford Library, and 200 of the spaces are down the hill, and we run a shuttle service from that parking lot to the medical center that runs about every 15 minutes, with a break at lunch time, I believe.

We have recognized the difficulty of parking. We have a request in for a clinical administrative outpatient research and parking addition for the VA Medical Center at Ann Arbor. The present plans are that it's progressing well through the VA Central Office and will go to Congress as a request in the budget.

Mr. **Montgomery**. One more question. The gentleman here has caught my eye, and then I will recognize Ms. Kaptur and Dr. Rowland for any comments before we adjourn.

Mr. **Lanthorn**. Mr. Chairman, members of the committee, my name is Don Lanthorn. I am the assistant adjutant and service director for the Ohio American Legion.

The Ohio American Legion can appreciate $2.9 million that is appropriated to the Toledo Outpatient Clinic, which should be sufficient. However, a half a million dollars is siphoned off in Ann Arbor before it ever reaches Toledo.

Also, one FTE per 500 outpatient visits should be sufficient. However, 17.5 FTE is being charged against Toledo and used in Ann Arbor. I think we should critically examine this 17.5 FTE that is being charged against the Toledo operation and is actually being utilized in Ann Arbor. I think what we have is a strong parent/weak child or stepchild relationship, in which Toledo is being abused by the Ann Arbor facility.

Thank you.

Mr. **Montgomery**. Thank you.

I am sorry we didn't get all the questions, but as I understand it, Ms. Kaptur and some of the staff will be staying around a few minutes. I believe that would be helpful to those who might have some problems who have come today.

Ms. KAPTUR. Yes, Mr. Chairman. Is Lindsay here in the room, and Zack and Steve? All right. My three staff people will be up here at this table. If there are individual problems, if you haven't gotten an answer back, or if you want to get your service records, or if you have a claim, a question on an appeal, things like that, they will be right up at this table.

I would also just ask the people from the VA if you wouldn't stay where you are. would that be all right, Mr. Chairman, if they can do that?

Mr. MONTGOMERY. Yes; if they would do that, I would appreciate it. You have been very frank with us today and in some cases we don't get that from the VA. I want to commend you. You had some flak come your way. But if you can stay around, that will certainly help.

Mrs. ANTEAU. Mr. Chairman, I am a Gold Star Mother and I would like to speak.

Mr. MONTGOMERY. The Chair will certainly recognize the lady, a Gold Star Mother. We would like to hear from her.

Mrs. ANTEAU. Thank you.

I believe that our veterans are being shortchanged. Shortly after my son died, I looked at the flag. Have you ever really looked at our flag? Look at it. Look at our flag. Please turn around and look at our flag. Old Glory stands for our veterans. Without our veterans, there would be no United States. There would be no flag, no Marcy Kaptur, no Senator, no Mr. Chairman, no Congressmen. You look at the flag and you see the stars. To me, those stars represent the 50 States and the men that went and fought for our country. They gave their lives, they gave parts of their bodies, they gave their hearts, and some of them gave their minds for our country, because they believed in it.

The blue background stands for the battlefield in which they fought and conquered the enemy. The red stripes is the blood that they shed for our country. The white stripes represent the tears the mothers, the wives, and the children and families shed for their loved ones.

Now, how can you look at the flag without seeing the veteran? The flag and the veteran, the United States and the veteran, are the same. You can't distinguish one from the other. How can you deny them the red carpet treatment they deserve? They don't deserve to be treated like dirt and swept by a broom into the corner or underneath the carpet. It's wrong. How can you do this to them? Without them, there would be no United States, none whatsoever. They deserve the best our country can give to them because they are our country.

Mr. MONTGOMERY. We certainly agree with you. [Applause.]

That is one of the reasons we are having this hearing today, because we do care. We are trying to work out and solve these problems.

Dr. Rowland, do you have any comments?

Dr. ROWLAND. This, again, has been a very good hearing. The testimony has been very concise and very good. Exactly the same thing has happened here that has happened to many of the other people. The people from the VA really get put on the spot. It's a rap session. The members of the committee place themselves in an adversary position with you, and that is as it should be, because we need to bring it out and talk about it. We want to give the veterans a chance to talk about it.

As the lady said, we wouldn't have a country if it weren't for the veterans. That is exactly right. I think everyone here agrees with that. I don't believe anyone disagrees with what you said at all. The problem is that we can't do everything that we want to. But I think the VA is doing just as good a job as they can under the circumstances, and maybe if we can get more of what we need, we can do an ever better job.

I compliment everyone who came and talked, a good rap session, and I appreciate the VA being here, too. [Applause.]

Mr. MONTGOMERY. The Chair recognizes the gentlelady from Ohio.

Ms. KAPTUR. Thank you, Mr. Chairman.

I just wanted to thank everyone here today who took at least 3 hours out of their day, and some took about 10 hours out of their day, for the first time to have a veterans' hearing here in northwestern Ohio. I think by all of you being here together today, we can work together and make a difference. I certainly want to thank you, Mr. Chairman, with all the responsibilities you have, for gracing us with your presence and your knowledge today, because I know you can help us make a difference.

I also wanted to acknowledge certain people here, and I will only take an extra minute. Is Chet Zablocki in the room? He helped us arrange the site, the air conditioning for the site here today. Chet, thank you very much. This has been a beautiful place to have a meeting. Chet has been a big supporter of veterans his whole life, and I just saw his wife out at the drum and bugle corps the other night.

I wanted to thank Clem Dombrowski, the past state commander of the American Legion, who helped us on not only arranging for the site for the hearing but also the luncheon this afternoon, to thank the Argonne Post for all of their help, the VFW Post 2510 and Norm Kammen for your participating in the planning committee meetings, Post 5530, Christie Liwendowski, who I know is here today, the auxiliary president, Joe Frankowski, the commander, for the reception.

Everyone, after this adjourns, is invited to cookies and I think nonalcoholic beverages, all homemade.

I wanted to thank planning committee member Charles Ferguson of the ex-POW's for the security and the parking; planning committee member Lee Weber of the American Legion and Catholic War Vets for the security, the transportation, and the lunch; and also from the Veterans' Administration, Ed Tucker from the MEDIPP District 14 staff, and John Kuhn, who helped us prepare for the site.

I really do want to thank all of the professional staff from Ann Arbor. You have sat here today, you have been grilled, this will not be the end of the grilling, but you have made yourselves available to the taxpayers of our country and the American people, and I thank you very much for that.

Thank you, Mr. Chairman. [Applause.]

Mr. **Montgomery**. The Chair would like to comment that this has been an excellent hearing. The Chair now has the privilege of saying that the Subcommittee on Hospitals and Health Care will now stand adjourned.

[Whereupon, at 7:20 p.m., the subcommittee was adjourned.]

APPENDIX

STATEMENT OF HOWARD H. SCHAETZKE, EX-PRISONER OF WAR

To Whom It May Concern:

After nearly 40 years the government firdly has partially addressed the issues of the former POWs by passing PL-97-37.

I'm here to relate my experience on the voluntary examination afforded all Ex-Pows. I completed the form "Former POW Medical History" and mailed it to the VA Hospital in Ann Arbor, MI. sometime in November of 1983. I received correspondence on January 18, 1984 and was called in for my examination on March 13, 1984. I reported at my appointed time and was left waiting for 2 hours. After this delay I was called into the office of the so-called POW doctor. He began reading my medical reports from my personnel doctors and made this comment "I can't read them because they were copies." He had no knowledge of my past medical history. I then told him of my past medical problems and he played these down saying "We all have these problems as we get older". He then checked my heart, lungs and blood pressure and declared me physicaly fit, without the benefit of reading my medical records. I had to insist that they check into my physical problems. In my opinion this so-called POW doctor was not competent as a medical doctor, yet alone to judge my physical condition. I returned to the hospital for 6 visitations at their request for tests, x-rays and psychological interviews. Again in my opinion these test could have been completed in 2 visitations. My POW coordinator was not aware of the 86 day march endured by almost 10,000 airmen from February 6, 1945 to May 2, 1945. I had to give him literature so he could read up on this forced march. Again, in my opinion, although some of the personnal try very hard, they still do not understand the plight of ex-pows.

To sum it up- I knew almost all my physical problems before my first visitation and after 6 visitations to the hospital I'm not too sure they they really comprehrend my mental and physical condition.

As of this date I have not been contacted about my evaluation.

Howard H. Schaetzke
2259 Sylvania Avenue
Toledo, Ohio 43613

Statement of: Edward M. Cook

To: Subcommittee on Hospitals and Health Care
of the Committee on Veterans Affairs
U.S. House of Representatives

Date: August 13, 1984

Mr. Chairman and Members of the Committee, I am Edward M. Cook, 1st Vice-Chairman of the Ohio State Council, Vietnam Veterans of America, and co-founder and first President of Chapter 35, VVA here in Toledo. I would like to take this opportunity to thank those members of this honorable committee that supported the recent legislation awarding a Congressional charter to VVA.

Mr. Chairman, I am not here today as an official spokesman of VVA. I'm here instead as a concerned disabled veteran wishing to address the subject of health care services available in Northwest Ohio at VA facilities.

I served in the U.S. Army from December 1967 to March 1971. While in Vietnam, I was twice wounded while serving as a combat infantryman and I receive a 50% disability compensation from the VA as a result. Although my treatment in the Army hospitals was excellent, my experience with the VA health care system has left me angry and frustrated.

Throughout the past 14 years, I have received treatment from VA hospitals in Cleveland and Ann Arbor and the out-patient clinic here in Toledo.

Mr. Chairman, in my opinion many shortcomings exist in Toledo at the VA clinic. Perhaps the most obvious is the lack of personnel to treat patients. I believe the wait for an appointment due to this shortage is now up to five months. Furthermore, orthopedic services do not even exist in Toledo with all ortho patients being referred to Ann Arbor. This procedure imposes an additional wait on the veterans while an appointment there is scheduled.

Even though overcrowding now exists, I believe even more veterans would use these facilities to which they are entitled except they feel as if nothing is being done for them. Treatment seems to be limited to the prescribing of different drugs and medication with far too little time spend on consultation and the possibility of some form of alternative treatment. Because of their extensive work load, I don't believe the physicians at the clinic have the necessary time to spend with patients.

I have also received counseling from Dr. Hy Kisin at the Glendale Clinic for PTSD. I voluntarily dropped this treatment for a number of reasons. For one unavailability of Dr. Kisin on a daily basis is a definite detriment to a treatment program. Sometimes up to three weeks would elapse between visits because of his workload. I actually felt that I was worsening rather than improving.

I have also been to the West Center for Community Mental Health here in Toledo to seek counseling since they hold a VA contract to provide such services. After discussing the program with the director, it became apparent that I was not going to get the care I felt I needed. The two people responsible for administering the program had absolutely no training in the area of PTSD and admitted that they were learning as they went along. I left confident that these people had nothing to offer me.

To say that I am disappointed by the health care services provided Vietnam Veterans in Toledo is an understatement. I have merely scratched the surface with my testimony today.

I would like to comment on a positive aspect of the Glendale VA Clinic. I can honestly say that the facilities are always sparkling clean and well maintained and more often than not a friendly atmosphere exists.

I would like to thank the committee for allowing me this opportunity to address them today. I will be pleased to answer any questions the committee may have.

Edward M. Cook
420 Kingsbury
Toledo, OH 43612

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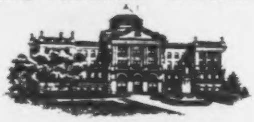

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ANN CHECCHIO
SERVICE OFFICER

August 6, 1984

TO: Subcommittee on Hospitals and Health Care of the Committee on Veterans Affairs, U. S. House of Representatives

FR: Ann Checchio, County Service Officer and Vietnam-Era Veteran

RE: Two-part Testimony on Health Care Delivery to Veterans in Northwest Ohio, to be delivered on August 13, 1984

PART ONE

As County Service Officer my responsibilities are vast and varied. They encompass the filing of VA Benefits for veterans, widows, and their children. I also have had the responsibility of referring many veterans to the Out Patient Clinic when they requested medical assistance over the last four years.

In the last two years the cry from these veterans for more efficient care at the Out Patient Clinic have been too numerous to mention or overlook. They come to me with the same story. When the Clinic opened their doors in 1979 and services began, it was wonderful. The Clinic was praised by all, as well it should have been. It was efficient, and very little time was wasted. The most important fact was that there were no more long trips to Ann Arbor, or long waiting lines. The Clinic was convenient and very little time was spent waiting for a doctor.

The Clinic ran smoothly until May of 1981. At that time the I.G. came in from Washington,D.C. and decided that the Clinic could get along with a staff of _10_ medical personnel, instead of the _18_ they had initially employed. To my knowledge no study was made of the staffing situation by the I.G.,nor the necessity for this reduction in staff. No evaluation was made as to how this cut would effect the veteran and the efficient operation of the Clinic.

The effect this reduction in staffing had on the veteran was very serious. Since that unfortunate May, in 1981, the services have slowly been deteriorating. The result is; more waiting time spent to see a physician, or getting a prescription filled, rescheduling of appointments for service-connected veterans is _6_ months, and non-service connected veterans is about _9_ months. Veterans are already being scheduled for January and February of 1985. If an emergency arises and a veteran needs to see a physician immediately, he can go the Clinic as a walk-in patient. He then sits around and waits for most of the day until a physician can see him. Also, more referrals have been made to Ann Arbor.

Another area which must be looked into is the removal of equipment from the Clinic to Ann Arbor. There was space and equipment provided for an Eye, Ear, Nose, and Throat Department when the Clinic opened up. One catch to this was no staffing was provided for this Department. Consequently the equipment was removed. Instead of providing for staffing, which would have saved time and money on transportation, the decision was made by Ann Arbor, that all Eye, Ear, Nose, and Throat problems would be seen in Ann Arbor. Pharmacy now uses this area for office space. Cast equipment was also removed. All fractures must be referred to Ann Arbor unless, of course, the injury is so great that a long trip would be too painful. In this case a veteran can go to the nearest hospital, at his own expense.

The reason for the Clinic's very existence is being questioned. More and more referrals to Ann Arbor, long waiting lines and periods between appointments. Is it the contention of the present Administration in Washington, D.C. to close this Clinic? What happened to all those promises made in 1979 when the Clinic was opened,to help all these disabled veterans? When the budget cuts are being made, do you see only numbers? What about the faces each number represents? They are not a faceless entity, but disabled veterans in dire need of assistance.

Attached are the number of veterans who visited the Clinic in October, 1983 thru July, 1984. Comparing these statistics one can see the rise in the number of Veterans requiring treatment at the Toledo Out Patient Clinic. Staffing of medical personnel was 18, presently it is 12.

ATTACHMENT TO TESTIMONY OF ANN CHECCHIO, LUCAS COUNTY VETERANS SERVICE OFFICER

Number of Patients Seen at VA Out Patient Clinic in Toledo, Ohio

Oct. 1979 thru July 1980

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1,858	1,867	1,717	2,343	2,274	2,399	2,513	2,433	2,253	2,724

Oct. 1983 thru July 1984

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
2,884	2,773	2,518	2,884	2,596	2,893	2,928	2,957	2,818	3,013

Doctors Need: 2 Clerks Needed: 3

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•
VETERANS COUNTY SERVICE OFFICE
ANN CHECCHIO
SERVICE OFFICER

Continuation of:

TESTIMONY OF ANN CHECCHIO BEFORE THE 8/13/84 HEARING OF THE SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE, COMMITTEE ON VETERANS AFFAIRS, U. S. HOUSE OF REPRESENTATIVES

PART TWO

I am a Vietnam Era veteran who served 8 years in the Air Force at which time I sustained a disability. Since my discharge from the service, I was rated with a 20% disability by the VA. I started going to the Out Patient Clinic in early 1980 so I have seen the changes that have taken place on a personal level.

The rescheduling of appointments for service-connected veterans was every 3 months. If I needed an appointment for a persistent problem between my regularly scheduled appointment, I could get one very quickly with no problem.

The situation is drastically changed now. My appointments are now every 6 months. If a medical problem arises and I need an appointment before my regular appointment which is in November, I have to go through the walk-in Clinic. I have to go to the Check-In Clerk, get a router and then sit and wait for a physician to see me. This takes almost an entire day between seeing a physician and getting the prescription filled. To put my job in jeopardy with trips to the Clinic and to just sit around would be fool hardy. I cannot afford to do this. Consequently, I put off the visits to the Clinic and hope something more serious does not develop because I decided to wait until November.

Getting prescriptions filled out is also a slow process. The last time I have had my prescriptions filled in May of this year, it took 45 minutes.

I had an appointment at the Physical Therapy Clinic for an EMG test on July 16, for muscular problems I have been suffering with since March of this year. Due to a mistake on the part of a clerk at the Physical Therapy Clinic, it was inadvertently cancelled. The appointment was re-scheduled for September 10, 1984. This is definitely a long wait, especially if urgent care is needed for this problem.

When I was in on July 16th for the above appointment, the line to the appointment desk was all the way to the door, about 20 veterans were ahead of me. Only one person was handling the front desk. Two people are usually required; one to answer the phone and general inquiries, the other to check in the appointments. Only one person was doing all the checking in which was a very, very slow process.

I no longer see the efficiency that was so evident when I started going to the Clinic in 1980. Clerks and medical personnel are doing more than one job. Some are doing three and four other jobs. The I.G. said that in order to pick up on the 8 slots that were eliminated in 1981, personnel has to double upon the job load. No consideration was given to the veteran at all. If consideration was given, then the situation would not be in the sad shape it is in presently.

Military Order of the Purple Heart of the U.S.A.

VETERANS ADMINISTRATION OUTPATIENT CLINIC
3333 GLENDALE AVENUE
TOLEDO, OHIO 43614

TELEPHONE
(419) 259-2059
FTS
8-979-2059

ROOM 119
NATIONAL SERVICE OFFICER
LAWRENCE H. MATTES

13 Aug. 1984
Sub Committee Hearing on Hospitals and Medical Care

Members of the House of Representatives
Officers of the Various Veterans Organizations
Fellow Veterans, Friends and Guests

I represent the Military Order of the Purple Heart as a Nat'l Service Officer with office in the Veterans Administration Outpatient Clinic, Toledo, O.

I am closely acquinted with the staffing shortage at the Outpatient Clinic and also appraised of the fine quality of personnel who are endeavoring to handle a work loadwhich is both enormous and impossible to perform efficiently with the continual reductions in employees since the opening of the clinic 5 years ago.

Statistics of the ever-increasing number of patients and visits to the Outpatient Clinic have been cataloged and each of the Honorable Representatives should have been given a copy by the Honorable Marcy Kapturs Staff. Also among these statistics you have a record of the number of employees when the Clinic opened and the present number of employees. These statistics are computations compiled by the V.A. Clinic Staff personnel.

When the clinic opened 5 years ago, Dr. Kelson, then Administrative Head of the Clinic and the Supervising Officers from the Ann Arbor Medical Center (of which this Clinic is a satelite) advised veterans attending the Grand Opening an Eye and Hearing department would be available at the Clinic. Shortly after opening the Clinic, these 2 facilities were closed and equipment sent back to Ann Arbor Medical Center.

This necessitates referring veterans to Ann Arbor Medical Center and paying them round trip mileage for each visit. A reference is made to the number of referrals on statistical date provided each Representative.

This necessitates additional burdens on the veteran, who in many cases because of age or other disabling conditions has a transportation problem.

With the increasing numbers of veterans, especially WW Two veterans, the numbers of needy Service Connected and non-service Connected veterans continues to grow. Most World War Two veterans are now in their sixtieth year.

This problem is not being addressed by the Supervisory Medical Center who has control of the Toledo, Outpatient Clinic. Many in the V.A. System and the Office of Budget Control lack an understanding of the mission of the V.A. as mandated by Congress. In 1947 the Department of Medicine and Surgery within the V.A. was established and codified under Chapter 17, Title 38, United States Code. At that time a threefold mission was mandated by law for the department: to care for the sick and disabled veteran, to participate in training health manpower for the Nation, and to participate in basic research. So caring for the sick and disabled veteran, research and training are part of the V.A.'s Mission as mandated by law. Thus to reduce or eliminate them through budgetary actions would be in effect a violation of the Spirit and Intent of the law.

Summarizing the position of the Military Order of the Purple Heart are the following recommendations:

1. Increase staffing of the Outpatient Clinic to provide veterans with timely appointments and full medical care.
2. Restore the Eye and Hearing Clinics which were formerly promised the veteran, to prevent 45 miles travel up and back from the Ann Arbor Medical Center.

Respectfully submitted,

Lawrence H. Mattes, Nat'l Ser. Off.

STATISTICS REGARDING VA OUTPATIENT CLINIC, TOLEDO, OH SUBMITTED BY LAWRENCE H. MATTES

18 MAS positions in 1979 and 1980
IG's recommended staff be cut to 10 in May, 1981

ORIGINAL STAFFING - 18

Medical Administrative Officer, GS-11	1 each
Secretary to Medical Admin Officer, GS-5	1
Chief Medical Information Section, GS-9	1
Release of Information Clerk, GS-5	1
File clerk, GS-3	
Mail/file clerk, GS-3	1
Agent Cashier, GS-5	1
Medical transcriptionist, GS-4	2
Medical Records Technician, GS-5	1
Chief Medical Benefits Section, GS-7	1
Travel Clerk, GS-4	1
Reception/Scheduling Clerk, GS-4	2
Medical Clinic Clerks, GS-4	3
Eligibility Clerk, GS-4	1
Prosthetic Clerk, GS-4	1

Present Staffing- 12

Medical Administrative Officer, GS-11	1
Release of Information Clerk, GS-5	1
File Clerk, GS-4	1
Agent Cashier, GS-5	1
Medical Records Tech, GS-5	1
Patients Service Ass't, GS-6	1
Reception scheduling clerk, GS-4	1
Medical/Travel Clerk, GS-4	1
Eligibility clerk, GS-4	1
Prosthetic Clerk, GS-6	1
Medical Clerk, Gs-4	2

ADDITIONAL STAFF NEEDED

file clerk
reception/scheduling clerk
supervisor

CLINIC STAFF NEEDED

Physician
Pharmacist

y.K

[redacted] VA OUTPATIENT CLINIC, TOLEDO STATISTICAL PROFILE

	OCT	NOV	DEC	JAN	FEB	MAR	[redacted]	MAY
Budgeted FTE	44.6	44.6	44.6	44.6	44.6	44.8	44.8	
lctual FTE	44.8	44.5	45	45.1	44.4	45.6	44.5	
Sick Leave								
DM&S earned	8.75	8.50	8.50	8.5	8.5	8.5	7.25	
DM&S used	0	.50	2.50	3.5	.5	6.5	1.50	
Others earned	292	300	300	300	296	296	299	
Others used	113.75	94	162	249	242	244.5	189.5	
nnual Leave								
DM&S earned	16.25	15.5	15.5	15.5	15.5	15.5	13	
DM&S used	4	9	18	7	6.5	20	21	
Others earned	458	474	474	474	466	466	469	
Others used	498.25	298	569	213	262	320.25	262.75	
ported accidents	0	0	0	0	0	0	0	
ost time	0	0	0	0	0	0	0	
vertime hours	14	.5	2	18.5	0	45.25	16	
vertime dollars	120.09	5.55	151.93 26.29	312.86 160.93	312.86 0	742.95 430.09	872.23 129.28	
omplaints/ rievances	0	0	0	0	0	0	0	
[redacted]	2884	2773	8175 2518	11059 2884	13655 2596	16548 2893	[redacted] 2928	
SC	1235	1210	3576 1131	4860 1284	6020 1160	7307 1287	8687 1380	
NSC	1533	1467	4313 1313	5798 1485	7130 1332	8600 1470	10024 1424	
Other	116	96	286 74	402 116	506 104	642 136	766 124	
verage visits/ ork day	144.2	132	120	137.3	129.8	125.7	139.4	

FORM 3 1934 7051e

U.S.GPO:1975-0-571-373

DATA SHEET

[redacted] VA OUTPATIENT CLINIC, TOLEDO STATISTICAL PROFILE

	OCT	NOV	DEC	JAN	FEB	MAR	[redacted]	MAY
New patients	156	129	402 117	560 158	701 141	828 127	972 144	
SC	39	29	85 17	117 32	139 22	166 27	197 [illegible]	
NSC	117	100	317 100	443 126	562 119	662 100	775 113	
No show rate	19	16	18.5	19	21.8	23.5	20	
Walk-in patients	1111	1037	3094 946	4158 1064	5180 1022	6344 1164	7477 1133	
Employee visits	8	5	16 3	23 7	26 3	32 6	36 4	
Agent Orange exams	21	16	47 10	59 12	69 10	79 10	96 17	
Removed AHC (NSC)	482	434	1313 397	1762 449	2172 410	2526 354	2876 350	
[redacted]	0	4	9 5	13 4	17 4	26 9	[redacted] 10	
[redacted]	433	456	1336 447	1855 519	2360 505	2998 638	[redacted] 546	
Dental Service								
visits	227	186	564 151	740 176	921 181	1154 233	1411 257	
Sittings Cl I-VI	119	154						
Sittings non I-VI	94	90						
Total sittings	213	244						
Dietetics								
visits	9	13	37 15	51 14	64 13	80 16	105 25	
Prosthetics								
visits	70	99	245 76	334 89	428 94	515 87	565 50	

U.S.GPO:1975-0-571-373

[redacted] VA OUTPATIENT CLINIC, TOLEDO STATISTICAL PROFILE

Pharmacy	OCT	NOV	DEC	JAN	FEB	MAR	[redacted]	MAY
mail out Rx	1968	1988	6071 2115	8601 2530	10934 2333	13065 2131	15323 2258	
refill Rx	6031	9017	20717 5669	26835 6118	32885 6050	39712 6827	45814 6102	
initial Rx	4692	1681	11058 4685	15828 4770	19836 4008	24352 4516	29397 5045	
[redacted]	12691	12686	37846 12469	51264 13418	63655 12391	77129 13474	[redacted] 13405	
Physical therapy								
visits	441	468	1286 377	1718 432	2115 397	2575 460	2987 412	
gains	62	50	154 42	213 59	248 35	287 39	341 54	
losses	41	43	117 33	178 61	221 43	251 30	293 42	
RMS								
visits	29	40	108 39	155 47	222 67	270 48	318 48	
EMG's	15	19	51 17	78 27	107 29	137 30	180 43	
consults	14	21	57 22	75 18	115 40	134 19	149 15	
Radiology								
visits	277	230	731 224	1000 269	1199 199	1451 252	1732 281	
exams	417	347	1158 394	1553 395	1843 290	2235 392	2718 483	
referrals to A^2	25	18	74 31	124 50	159 35	229 70	266 37	
ECG's	110	90	319 119	450 131	542 92	693 151	849 156	

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Budgeted FTE	46.4	46.4	46.4	46.4	45.4	45.4	45.4	45.4	44.4	44.4	44.4	44.4
Actual FTE	44.2	42.9	44.2	43.7	44.1	44.6	44.1	44.5	46.0	44.5	45.3	45.4
Sick Leave												
DM&S earned	8.65	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75	8.75
DM&S used	1.0	2.0	1.0	2.0	8.0	7.5	16	9	2	2	1	1.5
Others earned	280	288	288	288	292	292	288	296	280	284	292	292
Others used	111.75	132.25	291	205.25	115.25	149	377.5	337.3	231.7	270.5	133	138
Annual Leave												
DM&S earned	16.10	16.25	16.25	16.25	16.25	16.25	16.25	16.25	16.25	16.25	16.25	16.25
DM&S used	5.0	11.0	28.0	17.0	4.5	4	2	11	31	30.5	25	5
Others earned	424	442	442	442	450	450	442	450	422	438	450	462
Others used	498.25	505	399.50	249.25	118	219.75	365.5	403	484.5	499.5	920	557
Reported accidents	0	0	0	0	1	1	1	0	0	1	0	0
Lost time	0	0	0	0	40.0	0	0	0	0	0	0	0
Overtime hours	17.25	26	0	5	9.5	16.75	8	0	0	.75	6.5	1
Overtime dollars	$199.69	499.77 300.08	0	567.61 67.84	686.74 119.13	896.79 210.05	1002.63 105.84	1002.63	1002.63	1015.15 12.52	1077.88 62.73	1091.39 13.51
Complaints/ Grievances	0	0	0	0	0	0	0	0	0	0	0	0
[redacted]	2831	5626 2795	8506 2880	11275 2769	13784 2509	16761 2977	19617 2856	22393 2776	25007 2614	27415 2444	30392 2977	[redacted] 2802
SC	1185	2373 1188	3621 1248	4791 1170	5823 1032	7043 1220	8290 1247	9456 1166	10620 1164	11746 1126	13002 1256	14169 1167
NSC	1567	3074 1507	4611 1537	6074 1463	7391 1317	8987 1596	10452 1465	11902 1450	13352 1450	14570 1218	16180 1610	17700 1520
Other	79	179 100	274 95	410 136	570 160	731 161	875 144	1035 160	1141 106	1252 111	1363 111	1478 115
Average visits/												

VA OUTPATIENT CLINIC, TOLEDO STATISTICAL PROFILE

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
New patients	159	268 109	401 133	541 140	651 110	764 113	898 134	1050 152	1205 155	1386 181	1583 197	1743 160
SC	43	68 25	98 30	133 35	161 28	185 24	214 29	258 44	293 35	342 49	386 44	429 43
NSC	116	200 84	303 103	408 105	490 82	579 89	684 105	792 108	912 120	1044 132	1197 153	1314 117
No show rate	16	17	19	18	17	16	15	16	18	20	18	20
Walk-in patients	768	1540 772	2358 818	3165 807	3884 719	4770 886	5537 767	6275 738	7072 797	7922 850	9033 1111	10058 1025
Employee visits	9	15 6	18 3	20 2	24 4	24 0	32 8	36 4	39 3	45 6	49 4	62 13
Agent Orange exams	8	19 11	36 17	46 10	58 12	72 14	83 11	92 9	110 18	126 16	147 21	165 18
Removed AHC (NSC)	428	979 551	1463 484	1840 377	2235 395	2688 453	3143 455	3583 440	4097 514	4508 411	5039 531	5551 512
Referrals for admission	3	8 5	11 3	19 8	25 6	30 5	35 5	41 6	46 5	51 6	56 5	[illegible] 4
Referrals to specialty clinics	396	774 378	1136 362	1587 451	2000 413	2489 489	2859 370	3290 431	3676 386	4020 344	4436 416	[illegible] 458
Dental Service												
visits	196	394 198	599 205	745 146	914 169	1109 195	1360 231	1550 210	1760 210	1927 167	2128 201	2320 192
Sittings Cl I-VI	174	306 132	447 141	532 85	637 105	777 140	943 166	1088 145	1232 144	1355 123	1521 166	1675 154
Sittings non I-VI	54	110 56	160 50	218 58	265 47	353 88	414 61	524 110	606 82	672 66	747 75	808 61
Total sittings	228	416 188	607 191	750 143	902 152	1130 228	1357 227	1612 255	1838 226	2027 189	2268 241	2483 215
Dietetics												
visits	56	102 46	154 52	187 33	195 8	208 13	221 13	240 19	254 14	262 8	274 12	284 10
Prosthetics												
		[illegible]	[illegible]	[illegible]	317	394	467	553	617	709	792	872

PHARMACY	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
mail out Rx	2029	4251 2222	6288 2037	8619 2331	10628 2009	12662 2034	14420 1758	16199 1779	18044 1845	19929 1885	21980 2051	23935 1955
refill Rx	1960	6091 4131	10490 4399	15327 4837	20231 4904	25735 5504	30986 5251	36381 5395	42080 5699	47530 5450	53513 5983	59422 5909
initial Rx	5917	9754 3837	13653 3899	17659 4006	21018 3359	25342 4324	29476 4134	32789 3313	36147 3358	39457 3310	43765 4308	48039 4274
[redacted]	9906	20096 10190	30431 10335	41605 11174	51877 10272	63739 11862	74882 11143	85369 10487	96271 10902	106916 10645	119258 12342	[redacted] 12138
Physical therapy												
visits	401	805 404	1243 438	1621 378	2003 382	2408 405	2791 383	3184 393	3540 356	3854 314	4233 379	4630 397
gains	69	116 47	175 59	234 59	284 50	338 54	389 51	443 54	483 40	532 49	601 69	640 39
losses	95	129 34	176 47	217 41	292 75	334 42	375 41	430 55	478 48	520 42	558 38	594 36
EMS												
visits	29	75 46	137 62	195 58	233 38	268 35	314 46	361 47	389 28	433 44	483 50	542 59
EMG's	15	38 23	66 28	97 31	118 21	137 19	163 26	184 21	200 16	215 15	230 15	259 29
consults	14	37 23	71 34	93 22	111 18	127 16	147 20	173 26	185 12	214 29	249 35	279 30
Radiology												
visits	264	483 219	753 270	1030 277	1256 226	1572 316	1784 212	1986 202	2204 218	2383 179	2677 294	2935 258
exams	399	714 315	1105 391	1542 437	1852 310	2305 453	2610 305	2945 335	3269 324	3524 255	4035 511	4448 413
referrals to A^2	38	59 21	87 28	141 54	175 34	229 54	251 22	279 28	300 21	302 2	318 16	342 24
ECG's	142	236 94	387 151	520 133	628 108	762 134	890 128	1002 112	1118 116	1197 79	1336 139	1457 121

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
Budgeted FTE		44.85	44.85	44.85	44.85	44.85	44.85	44.5	44.5	44.5	48.4	46.4	46.4
Actual FTE		42.85	42.45	41.45	38.3	39.9	39.7	40.4	40.0	41.5	44.8	43.9	45.4
Sick leave													
DM&S earned		6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	8.65	8.65	8.65	8.65
DM&S used		1.0	0	0	3.0	0	4.0	1.0	0	1.0	0	1.0	2.0
Others earned		264	256	248	216	224	232	240	248	280	280	280	280
Others used		197	101	238	188	140	85	229	103	178	310	111	108
Annual leave													
DM&S earned		12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	16.1	16.1	16.1	16.1
DM&S used		1.0	3.0	19.0	13.0	2.0	0	19.0	3.0	16.0	25.0	23.8	7.0
Others earned		392	384	368	324	340	352	372	380	424	424	424	424
Others used		574	335	387	242	231	220	282	189	512	509	655	357
Reported accidents		0	1	0	0	1	2	0	0	0	0	0	0
Lost time		0	8 hrs.	0	0	0	0	0	0	0	0	0	0
Overtime hours		0	0	0	0	28	6	10	0	4	8	15	36
Overtime dollars		0	0	0	0	233.80	50.10	123.60	0	40.78	77.26	152.01	396.23
Complaints/ Grievances		0	0	0	0	0	0	0	0	0	0	0	0
[redacted] *		2801	5339 2538	8171 2832	10452 2281	12327 1875	15061 2734	17801 2740	20311 2510	23076 2765	25708 2632	28529 2821	[redacted] 3013
SC *		1174	2215 1041	3413 1198	4326 913	5103 777	6264 1161	7458 1194	8507 1049	9702 1195	10793 1091	11979 1186	13223 1244
NSC *		1537	2957 1420	4521 1564	5813 1292	6851 1038	8346 1495	9804 1458	11169 1365	12654 1485	14120 1466	15696 1576	17377 1681
Other *		90	167 77	237 70	313 76	373 60	451 78	539 88	635 96	720 85	795 75	854 59	942 88
Average visits/ work day *		133.38	133.57	128.73	114.05	98.68	118.87	124.55	125.50	125.68	125.33	128.23	143.48
			264	430	549	636	753	875	1039	1202	1379	1548	1727

[redacted] STAT PROFILE VA OUTPATIENT CLINIC

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
[redacted]														
Visits	935	1993 1058	3041 1048	4363 1322	5599 1236	6910 1311	8304 1394	9704 1400	11031 1327	12530 1499	13888 1358	15314 1426		
Refill visits only	204	431 227	674 243	922 248	1184 262	1465 281	1799 334	2155 356	2524 369	2876 352	3250 374	3590 340		
Total visits	1139	2424 1285	3715 1291	5285 1570	6783 1498	8375 1592	10103 1728	11859 1756	13555 1696	15406 1851	17138 1732	18904 1766		
Mail out Rx	524	919 395	1296 377	1882 586	2563 681	3346 783	4178 832	5042 864	6017 975	7205 1188	8429 1224	9804 1375		
Refill Rx	732	1553 851	2422 839	3417 995	4601 1184	5859 1258	7459 1630	8861 1372	10587 1726	12446 1859	14305 1859	16199 1894		
Initial Rx	1522	3351 1829	5027 1676	7430 2403	9589 2159	12114 2525	14368 2254	16873 2505	19073 2200	21517 2444	23540 2023	25837 2297		
[redacted]	2778	5853 3075	8745 2892	12729 3984	16753 4024	21319 4566	26035 4716	30776 4741	35677 4901	41168 5491	46274 5106	[redacted] 5566		
Physical Therapy														
Visits	402	756 354	1115 359	1592 477	2019 427	2472 453	2886 414	3228 342	3589 361	4080 491	4439 359	4810 371		
Gains	21	52 31	66 14	102 36	131 29	161 30	185 24	209 24	242 33	297 55	333 36	383 50		
Losses	15	34 19	69 35	97 28	169 72	225 56	347 122	453 106	522 69	579 57	616 37	651 35		
RMS														
Visits	39	51 12	85 34	128 43	160 32	197 37	219 22	254 35	287 33	327 40	349 22	376 27		
EMG's	16	22 6	35 13	54 19	64 10	81 17	91 10	108 17	119 11	133 14	140 7	147 7		
Consults	23	29 6	50 21	74 24	96 22	116 20	128 12	146 18	168 22	194 26	209 15	229 20		
Radiology														
Visits	96	247 151	411 164	574 163	764 190	987 223	1228 241	1437 209	1653 216	1867 214	2065 198	2266 201		

[redacted]	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
No Show Rate														
Walk-in Patients														
Employee Visits	5	15 10	21 6	24 3	33 9	41 8	47 6	52 5	59 7	64 5	68 4	75 7		
Agent Orange Exams	--	--	--	--	--	31 YTD	40 9	44 4	49 5	55 6	62 7	75 13		
Removed AHC (NSC)	456	834 378	1324 490	1890 566	2159 269	2706 547	3050 344	3392 342	3675 283	4030 355	4334 304	4667 333		
[redacted]	15	23 8	28 5	39 11	44 5	52 8	66 14	77 11	89 12	96 7	103 7	[redacted] 9		
[redacted]														
# of Charts not returned from A²														
Charts unavailable														
% unavailable														
Dental Service														
Visits	133	243 110	329 86	580 251	826 246	1073 247	1318 245	1541 223	1759 218	2005 246	2228 223	2484 256		
Sittings Class 1 I-VI	64	159 95	221 62	440 219	633 193	815 182	1015 200	1189 174	1359 170	1552 193	1724 172	1915 191		
Sittings Non Cl. 1 I-VI	12	51 39	82 31	139 57	210 71	282 72	357 75	424 67	493 69	581 88	645 64	729 84		
Total Sittings	76	210 134	303 93	579 276	843 264	1097 254	1372 275	1613 241	1852 239	2133 281	2369 236	2644 275		
Dietetics														

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
Budgeted FTE														
Actual FTE														
Sick Leave														
DM&S earned														
DM&S used														
Others earned	478	328	344	344	322	332	504	352	328	296	328	504		
Others used	234	133	174	269	212	185	264	432	230	169	217	164		
Annual Leave														
DM&S earned														
DM&S used														
Others earned	684	472	560	488	476	476	714	508	476	420	472	738		
Others used	510	327	389	327	185	194	317	411	566	569	552	431		
Reported Accidents	0	0	0	0	0	0	1	0	1	0	0	0		
Lost Time	0	0	0	0	0	0	0	0	0	0	0	0		
Overtime Hours	39	39 --	39 --	40 1	40 --	40 --	40 --	81 41	105 24	105 --	105 --	113 8		
Overtime Dollars	302.01	302.01 --	302.01 --	312.39 10.38	312.39 --	312.39 --	312.39 --	861.70 549.31	1186.42 324.72	1186.42 --	1186.42 --	1271.78 85.36		
Complaints/ Grievances	0	0	0	0	0	0	0	0	0	0	0	0		
[redacted]	1858	3725 1867	5442 1717	7785 2343	10059 2274	12458 2399	14971 2513	17404 2433	19657 2253	22381 2724	24650 2269	[redacted] 2455		
SC	796	1600 804	2330 730	3379 1049	4545 1166	5537 992	6552 1015	7548 996	8522 974	9734 1212	10696 962	11681 985		
NSC & Non-Vets.	1062	2125 1063	3112 987	4406 1294	5514 1108	6921 1407	8419 1498	9856 1437	11135 1279	12647 1512	13954 1307	15424 1470		
New Patients	[illegible]	765	1079	1455	1751	2032	2282	2522	2743	3026	3214	[illegible]		

[redacted] STAT PROFILE VA OUTPATIENT CLINIC

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
Social Work (Gen.)														
Visits	103	183 80	281 98	380 99	464 84	569 105	657 88	757 100	848 91	905 57	988 83	1090 102		
Pharmacy														
Visits	1513	2933 1420	4649 1716	6206 1557	7296 1090	8738 1442	10078 1340	11407 1329	12685 1278	13915 1230	14693 1498	16164 1471		
Refill Visits Only	388	733 345	1103 370	1476 373	1834 358	2258 424	2750 492	3242 492	3753 511	4362 609	4997 605	5665 668		
Total Visits	1901	3666 1765	5752 2086	7682 1930	9130 1448	10996 1866	12828 1832	14649 1821	16438 1789	18277 1839	20410 2103	22549 2139		
Mail out Rx	1478	2725 1247	4306 1581	5906 1600	7440 1534	9082 1642	10678 1596	12170 1492	13843 1673	15753 1910	17428 1675	19280 1852		
Refill Rx	2371	4296 1925	6266 1970	8248 1982	10233 1985	12701 2468	15099 2398	17426 2327	19960 2534	22758 2798	25677 2919	28841 3164		
Initial Rx	2607	4877 2270	7980 3103	11305 3325	13579 2274	16729 3150	19622 2893	22683 3061	25756 3073	28453 2697	31637 3184	34841 3204		
[redacted]	6456	11898 5442	18552 6654	25459 6907	31252 5793	38512 7260	45399 6887	52279 6880	59559 7280	66964 7405	74742 7778	[redacted] 8220		
Physical Therapy														
Visits	459	857 398	1304 447	1663 359	1894 231	2217 323	2458 241	2791 333	3158 367	3562 404	3954 392	4323 369		
Gains	53	91 38	144 53	194 50	232 38	276 44	332 56	387 55	445 58	501 56	551 50	607 56		
Losses	38	56 18	84 28	146 62	179 33	214 35	266 52	322 56	359 37	418 59	463 45	527 64		
RMS														
Visits	31	69 38	109 40	149 40	194 45	226 32	254 28	296 42	334 38	357 23	408 51	457 49		
EMG's	9	25 16	42 17	54 12	75 21	89 14	101 12	123 22	143 20	154 11	172 18	192 20		
Consults	22	44 22	67 23	95 28	119 24	137 18	153 16	173 20	194 21	203 9	226 23	249 23		

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
No Show Rate					15.1%	13.9%	15.2%	16.8%	16.6%	16.4%	17.0%	14.5%		
Walk-in Patients	312	656 344	1007 351	1404 397	1763 359	2239 476	2710 471	3174 464	3725 551	4258 533	4788 530	5344 556		
Employee Visits	10	14 4	24 10	27 3	32 5	34 2	39 5	44 5	47 3	53 6	66 13	69 3		
Agent Orange Exams	16	37 21	46 9	55 9	63 8	105 42	149 44	180 31	211 31	235 24	249 14	260 11		
Removed AHC (NSC)	364	717 353	1118 401	1513 395	1797 284	2181 384	2525 344	2949 424	3362 413	3749 387	4109 360	4532 423		
[redacted]	8	12 4	14 2	20 6	26 6	32 6	42 10	51 9	63 12	73 10	81 8	[redacted] 5		
[redacted]	317	557 240	885 328	1219 334	1519 300	1884 365	2232 348	2569 337	2887 318	3268 381	3640 372	[redacted] 369		
# of Clinic Charts not Returned from A?							221	206	168	189	181	105		
Charts pulled for Clinic							1542	1407	1484	1298	1845	1805		
Charts unavailable							109	44	34	29	48	63		
% unavailable							7%	3%	2%	2.2%	2.6%	3.4%		
Dental Service														
Visits	249	484 235	701 217	856 155	1032 176	1263 231	1462 199	1677 215	1886 209	2089 203	2248 159	2469 221		
Sittings Cl I-VI	200	378 178	535 157	657 122	814 157	991 177	1140 149	1318 178	1501 183	1691 190	1824 133	2043 219		
Sittings Non-Cl I-V.	67	141 74	216 75	269 53	314 45	388 74	438 50	518 80	622 104	696 74	759 63	841 82		
Total Sittings	267	519 252	751 232	926 175	1128 202	1379 251	1578 199	1836 258	2123 287	2387 264	2583 196	2884 301		

STAT PROFILE VA OUTPATIENT CLINIC

	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP		
Budgeted FTE	49.00	49.00	52.18	52.18	52.18	52.18	52.18	52.18	44.85	44.85	44.85	44.85		
Actual FTE	48.98	48.98	47.98	48.98	48.98	48.98	46.38	45.15	45.15	44.15	43.15	46.65		
Sick Leave														
DM&S earned	6.25	6.75	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	6.25	5.0		
DM&S used	1.0	1.0	.0	1.0	.0	.0	1.0	1.0	1.0	0	0	1.0		
Others earned	336	320	300	324	312	312	314	304	296	296	288	288		
Others used	289	276	158	138	193	250	260	163	168	177	207	460		
Annual Leave														
DM&S earned	12.5	13.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	12.5	10		
DM&S used	4.0	1.0	8.0	2.0	4.0	.0	1.0	8.0	16	32	16	5		
Others earned	488	476	502	472	472	460	471	460	444	436	424	416		
Others used	419	217	403	259	222	282	322	308	460	521	444	445		
Reported Accidents	0	0	0	0	0	0	1	0	0	0	0	0		
Lost Time	0	0	0	0	0	0	0	0	0	0	0	0		
Overtime Hours	1	31 30	34 3	34 --	79 45	114.5 35.5	125.5 11	128 2.5	128 0	128 0	134 6	134 0		
Overtime Dollars	7.24	410.69 403.45	449.65 38.96	449.65 --	846.01 396.36	1131.68 285.67	1219.40 87.72	1256.28 36.88	1256.28 0	1256.28 0	1428.42 172.74	1428.42 0		
Complaints/ Grievances	0	0	0	0	0	0	0	0	0	0	0	0		
[redacted]	2629	4967 2338	7702 2735	10482 2780	12710 2228	15591 2881	18319 2728	20961 2642	23756 2795	26446 2690	29233 2787	[illegible] 2776		
SC	1152	2189 1037	3356 1167	4498 1142	5424 926	6595 1171	7661 1066	8700 1039	9820 1120	10915 1095	12074 1159	13176 1102		
NSC & Non-Vets.	1477	2778 1302	4346 1568	5984 1638	7286 1302	8996 1710	10658 1662	12261 1603	13936 1675	15531 1595	17159 1628	18833 1674		
										2205	2394	2555		

[redacted] VA OUTPATIENT CLINIC, TOLEDO STAT PROFILE

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
[redacted]													
visits		1462	2734 1272	4248 1514	5529 1281	6580 1051	8100 1520	9519 1419	10855 1336	12382 1527	13764 1382	15342 1578	16954 1612
refill visits only		683	1405 722	2132 727	2783 651	3408 625	4096 688	4819 723	5493 674	6253 760	7070 817	7928 858	8761 833
total visits		2145	4139 1994	6380 2241	8312 1932	9988 1676	12196 2208	14338 2142	16348 2010	18635 2287	20834 2199	23270 2436	25715 2445
mail out Rx		1760	3682 1922	5659 1977	7698 2039	9966 2258	12163 2197	14129 1966	16025 1896	18135 2110	20214 2079	22411 2197	24374 1963
refill Rx		3168	6311 3143	9989 3678	13190 3201	16092 2902	25386 3541	29174 3788	32822 3648	36663 3841	40853 4190	44937 4084	49174 4237
initial Rx		3418	6418 3000	10002 3584	13072 3070	15518 2446	19531 4013	23135 3604	26447 3312	30306 3859	33366 3060	37180 3814	41204 4024
[redacted]		8346	16411 8065	25650 9239	33960 8310	41576 7616	51327 9751	60685 9358	69541 8856	79351 9810	88680 9329	98775 10095	108999 10224
Physicial therapy													
visits		328	745 417	1160 415	1384 224	1647 263	2031 384	2478 447	2882 404	3291 409	3713 422	4160 447	4576 416
gains		52	110 58	155 45	192 37	283 91	418 135	539 121	646 107	742 96	849 107	939 90	1010 71
losses		52	106 54	145 39	181 36	261 80	408 147	507 99	627 120	672 45	775 103	838 63	893 55
RMS													
visits		35	69 34	120 51	162 42	201 39	246 45	286 40	314 28	354 40	419 65	442 23	474 32
EMG's		12	27 15	55 28	71 16	89 18	110 21	120 10	139 19	154 15	176 22	182 6	197 15
consults		21	37 16	65 28	89 24	103 14	132 29	164 32	181 17	202 21	245 43	262 17	278 16
Radiology													
visits		236	431 195	686 255	870 184	1001 131	1220 219	1454 234	1739 285	2028 289	2326 298	2656 330	2940 284

		OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
No show rate		16.7	14.8	15.2	22.8	25.0	18.0	18.6	15.1	14	16	16	17
Walk-in patients		584	1138 554	1701 563	2186 485	2628 442	3317 689	3973 656	4501 528	5156 655	5871 715	6670 799	7413 743
Employee visits		14	23 9	24 1	25 1	26 1	27 1	30 3	34 4	36 2	42 6	44 2	51 7
Agent orange exams		14	21 7	39 18	51 12	62 11	74 12	87 13	92 5	100 8	108 8	114 6	122 8
Removed AHC (NSC)		429	813 384	1392 579	1860 468	2223 363	2826 603	3418 592	3903 485	4384 481	4847 463	5345 498	5811 466
[redacted]		7	13 6	20 7	25 5	29 4	34 5	36 2	39 3	45 6	47 2	54 7	60 6
[redacted]		398	720 322	1058 338	1443 385	1760 317	2218 458	2619 401	2972 353	3383 411	3838 455	4301 463	729 428
Dental service													
visits		216	425 209	661 236	835 174	1025 190	1233 208	1434 201	1655 221	1858 203	2068 210	2282 214	2505 223
Sittings Cl I-VI		260	466 206	705 239	893 188	1062 169	1246 184	1448 202	1668 220	1861 193	1964 103	2074 110	2271 197
Sittings non Cl I-VI		73	152 79	247 95	334 87	409 75	517 108	601 84	683 82	804 121	907 103	1003 96	1131 128
Total sittings		333	618 285	952 334	1227 275	1471 244	1763 292	2049 286	2351 302	2665 314	2871 206*	3077 206*	3402 325

* Stat profile reflects new AMIS

MAUMEE VALLEY CHAPTER AMERICAN EX-PRISONERS OF WAR INC.
440 WEST FIFTH STREET PERRYSBURG OHIO 43551

August 13, 1984

To: Subcommittee On Hospitals and Health Care
of the Committee on Veterans Affairs.

From: Maumee Valley Chapter American Ex-Prisoners of War Inc.

Subject: Mental health services; implementation of PL 97-37.

Testimony Prepared by Maurice Schwartz,Comm. Assisted by Charles Fergusom, Service Officer.

Thirty Eight years after the end of World War II, we finally succeded in getting Public Law 97 - 37 enacted into law and signed by President Reagan on Aug. 14, 1981. We feel that the implementation should be more exact and forthcoming. With better than three hundred Ex-POWs in NW Ohio and the majority of them right here in the Toledo Area, we feel that an update of the Glendale Out Patient Clinic is imperative. The ageing process is now taking its toll and more attention will be needed. These men gave their all in defense of this great country of ours. We hope that you have not forgotten us. We feel that Glendale Out Patient Clinic should have the following.

1. A Laison officer for Ex-POWs.
2. A Physicians coordinator and administrative Physician for Ex-POWs
3. A Former POW Advisory Committee, whose function is to see that the mandates and intent of PL 97-37 are not only carried out; but exceeded if possible. This committee should consist of some members of the medical and administrative staff and a volunteer representative from the Ex-Prisoner of War community.

At Glendale Out Patient Clinic the Staff are very polite and courteous; however they do not seem to be aware of PL 97-37.

There should be a Plaque naming, the Administrative coordinator for Ex-POWs; Physicians for Ex-POWs; and Laison for Ex-POWs. San Diego, California has such and it has been very beneficial to the Ex-Prisoner of War.

There has been various problems experienced by the Toledo area and NW Ohio Ex-POW. Namely: The staff at Glendale is short handed and grossly overworked. Ex-POWs coming into the clinic have been forced to stand in long lines, waiting to be registered. A good share of these Ex-POWs have problems with their feet and legs. (These are after effects of forced marches and ill treatment by a merciless enemy) Seating accomidations are insuffient at the clinic causing an extra hardship on these Ex-POWs.

In General, there is very little understanding of PL 97-37. The staff is well aware of Priority and Dental assistance. The medical Doctors are very much in the dark as to the Ex-POW problems at Glendale Out Patient Clinic.

The staff members fa il to affix the identifying stickers to the Medical Records which identify the Ex-POW.

Contact to the clinic by public telephone is very poor. Sometimes the phone does not get answered at all. Here again, Let me reiterate, this is due to the shortness of staff who are definately overworked.

Finally: We feel that with knowledgable implementation of PL 97-37 at Glendale Out Patient Medical Center, the Ex-Prisoner of War will be able to better cope with his problems both Mental and Physical.

Thank you Ladies and Gentlemen for your kind and considerate attention.

Respectfully Submitted by:
Maurice A. Schwartz
Maurice A. Schwartz, Commander
Maumee Valley Chapter American Ex-Prisoners of War.

MAUMEE VALLEY CHAPTER
AMERICAN EX-PRISONERS OF WAR
1538 Lakewood street
Toledo Ohio 43605
AUGUST 13, 1984

SUB-COMMITTEE HEARING
Central-Lagrange Center
3015 Lagrange Street
Toledo Ohio

Members of Committee:

I am presenting this written material, in hopes of convincing you to increase, the Dental Service Staffing, at the "TOLEDO OUTPATIENT CLINIC" (TOPC) Toledo, Ohio.

This material was written March 08, 1984 by the TOPC Dental Supervisor. The person "on the Front Line," so to speak.

Therefore on behalf of the eligible Veterans to be served by this Dental Office, I am supporting the supervisor's request for more Staff.

Sincerely,

Charles E. Ferguson Sr.

Charles E. Ferguson, Sr.
Service Officer
Maumee Valley Chapter-American Ex-Prisoners of War

President
Toledo-Lucas County Memorial Association

Community Service Chairman
Lucas County Council
American Legion

Veterans Administration

Memorandum

Date: March 8, 1984

To: Inspector General
THRU: Chief Medical Officer (11Ta4)
THRU: Chief, Dental Service (160)

Subj: Justification for Staffing needs at the TOPC - Dental Service

1. This memo is the result of a request by the TOPC, Chief Medical Officer on March 1, 1984 to the Supervisor, Dental Service, TOPC. During a discussion of the TOPC audit by the I.G. Dr. Defever informed me the I.G. needed a written statement of staffing needs and the justification for that need.

2. The total space allocated to the Toledo O.P.C. Dental Service was based upon predicted eligible veteran patients in the city of Toledo and in Michigan and Ohio communities within 50 miles of this facility.

It serves the dental needs of a quarter million eligible veterans in 12 counties in Northwest Ohio and three counties in Southeastern Michigan. The Dental portion of the Clinic alone required at least three years of planning and construction. Equipping, supplying, and staffing required a significant effort on the part of all personnel at the Ann Arbor Medical Center Dental Service, Supply Service, and A.C.M.D. for Dentistry, was involved in the design of the Clinic and in guidance for staffing.

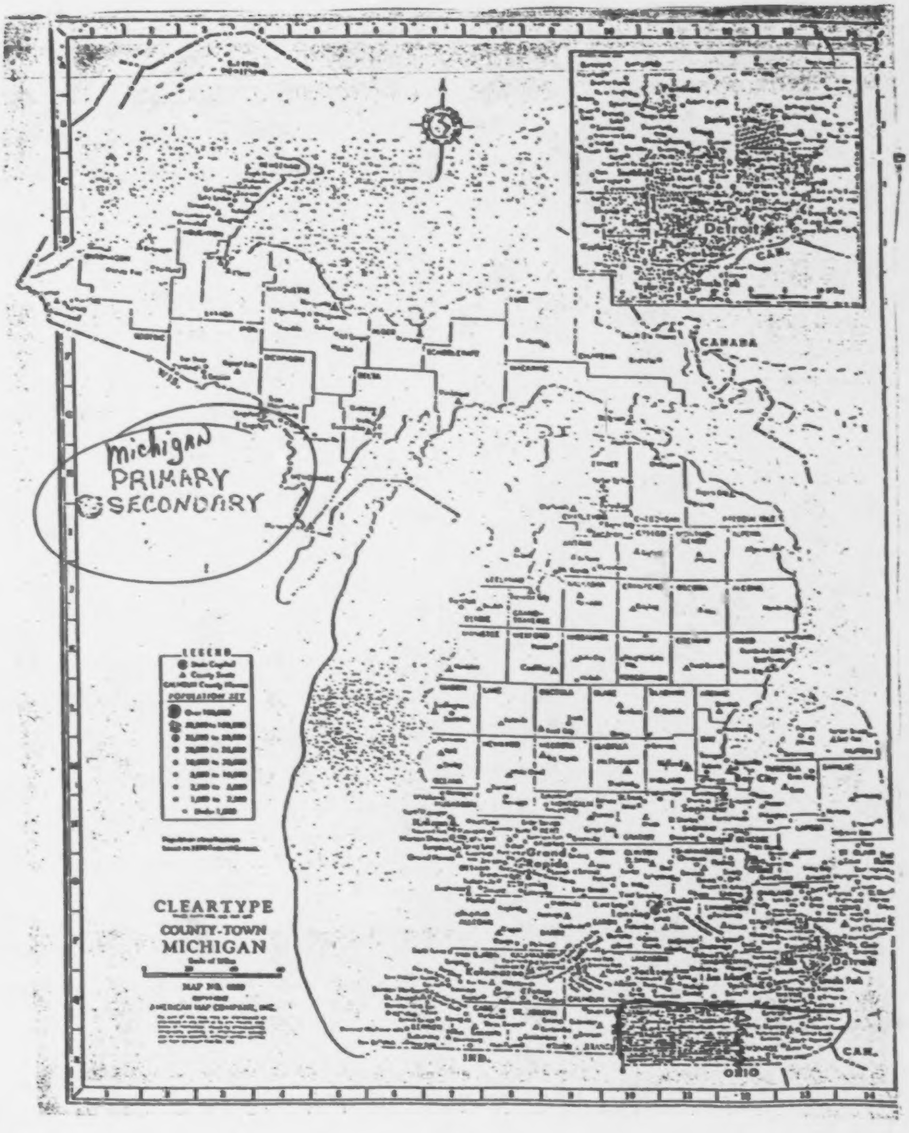
3. The goals of this facility from the beginning were to provide care with the following staff: two dentists, one dental hygienist, one dental laboratory technician, one dental assistant to act as a clerk-receptionist one-half time and as a dental assistant/radiology technician one-half time; and two dental assistants to act as full-time chairside assistants. This staff is necessary to provide care to the eligible veterans of the Toledo area. Present staffing (two dentists and two dental assistants) is not sufficient to provide care; indeed, patients needing care who have already been examined are experiencing delays in their treatment.

4. Present staff includes:

2 full-time dentists
1 full-time dental assistant
1 part-time 0.6 dental assistant (actual)
0.4 LWOP due to personal family situation.

Present staffing needs include:

2 dentists
2 dental assistants GS-4 full-time
1 laboratory technician GS-7 full-time
1 hygienist full-time
1 secretary-receptionist GS-4/5


michigan
PRIMARY
SECONDARY
LEGEND
POPULATION KEY
CLEARTYPE
COUNTY-TOWN
MICHIGAN
AMERICAN MAP COMPANY, INC.
Detroit
CAN.
CANADA
WIS.
Grand Rapids
Bay City
IND.
OHIO
CAN.

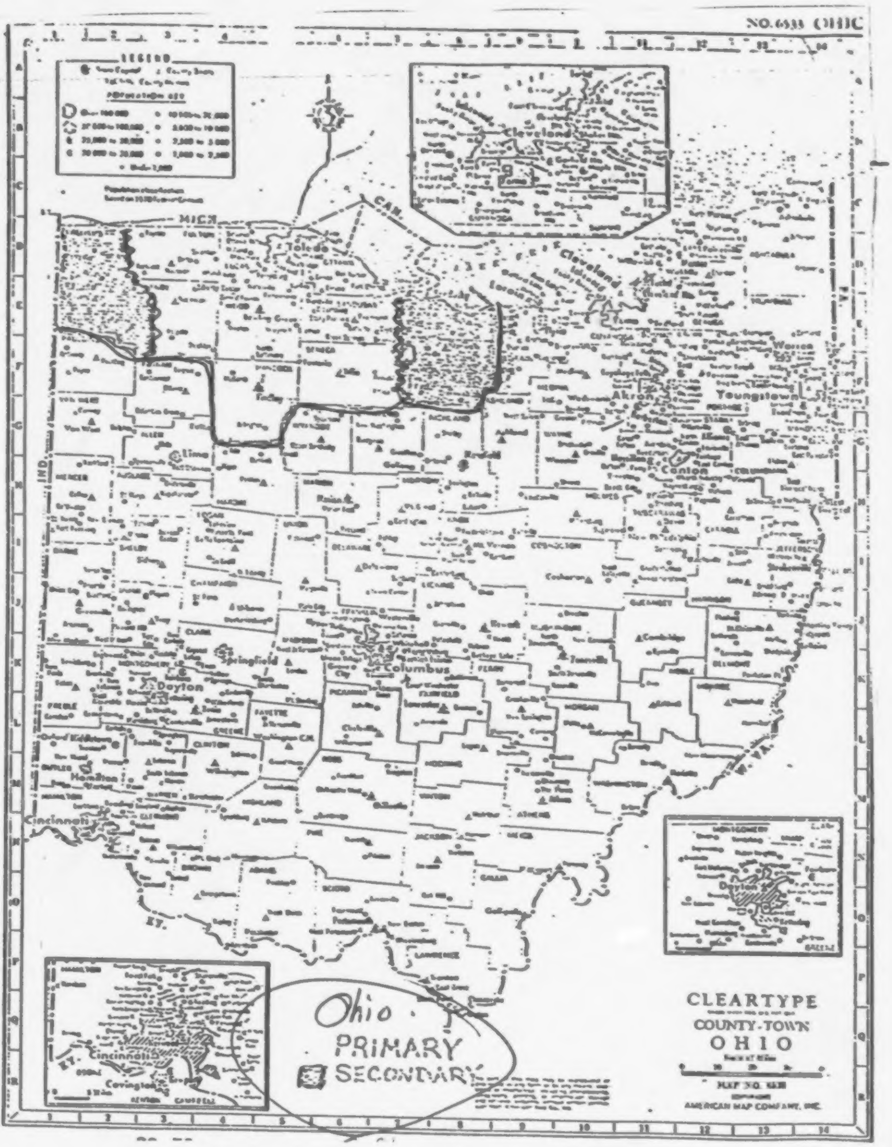
MICHIGAN

COUNTY CODE	ZIP CODE	TOWN	COUNTY
091	49220	ADDISON	LENAWEE
091	49221	ADRIAN	LENAWEE
059	49227	ALLEN	HILLSDALE
115	48110	AZALIA	MONROE
091	49228	BLISSFIELD	LENAWEE
091	49229	BRITTON	LENAWEE
091	49231	CADMUS	LENAWEE
059	49232	CAMDEN	HILLSDALE
115	48117	CARLETON	MONROE
091	49233	CEMENT CITY	LENAWEE
091	49235	CLAYTON	LENAWEE
091	49236	CLINTON	LENAWEE
091	49238	DEERFIELD	LENAWEE
091	49221	DOMINICAN	LENAWEE
115	48131	DUNDEE	MONROE
115	48133	ERIE(MONROE)	MONROE
059	49239	FRONTIER	HILLSDALE
059	49242	HILLSDALE	HILLSDALE
091	49247	HUDSON	LENAWEE
115	48140	IDA	MONROE
091	49248	JASPER	LENAWEE
059	49249	JEROME	HILLSDALE
059	49250	JONESVILLE	HILLSDALE
115	48144	LAMBERTVILLE	MONROE
115	48145	LA SALLE (MONROE)	MONROE

COUNTY CODE	ZIP CODE	TOWN	COUNTY
059	49252	LITCHFIELD	HILLS
115	48157	LUNA PIER(MONROE)	MO
091	49253	MANITOU BEACH	LENAW
151	48161	MAYBEE(MONROE)	MONRO
115	48161	MONROE	MONRO
	48133	ERIE	
	48145	LA SALLE	
	48166	NEWPORT	
	48161	RAISINVILLE	
	48161	SHOPPING CENTER	
059	49255	MONTGOMERY	HILLS
091	49256	MORENCI	LENAW
059	49257	MOSCOW	HILLS
059	49258	MOSHERVILLE	HILLS
059	49262	NORTH ADAMS	HILLS
091	48876	ONSTED	LENAW
059	49273	PRATTVILLE	HILLS
059	49274	READING	HILLS
091	49275	RIDGEWAY	LENAW
091	49276	RIGA	LENAW
091	49278	ROLLINS	LENAW
151.	48177	SAMARIA	MONRO
091	49279	SAND CREEK	LENAW
091	49280	SENECA	LENAW
115	48161	SHOPPING CENTER	MONRO

MICHIGAN

COUNTY CODE	ZIP CODE	TOWN	COUNTY	COUNTY CODE	ZIP CODE	TOWN	COU
059	49281	SOMERSET	HILLSDALE				
059	49282	SOMERSET CENTER	HILLSDALE				
115	48179	SOUTH ROCKWOOD	MONROE				
091	49286	TECUMSEH	LENAWEE				
115	48182	TEMPERANCE	MONROE				
091	49287	TIPTON	LENAWEE				
059	49288	WALDRON	HILLSDALE				
091	49289	WESTON	LENAWEE				



Ohio ·
PRIMARY
▨ SECONDARY

OHIO

COUNTY CODE	ZIP CODE	TOWN	COUNTY
173	43551	PERRYSBURG	WOOD
051	43553	PETTISVILLE	FULTON
171	43554	PIONEER	WILLIAMS
173	43451	PORTAGE	WOOD
123	43452	PORT CLINTON	OTTAWA
123	43456	PUT-IN-BAY	OTTAWA
063	45881	RAWSON	HANCOCK
147	44867	REPUBLIC	SENECA
069	43555	RIDGEVILLE CORNERS	HENRY
173	43457	PISINGSUN	WOOD
123	43458	ROCKY RIDGE	OTTAWA
095	43460	ROSSFORD	LUCAS
173	43462	RUDOLPH	WOOD
043	44870	SANDUSKY	ERIE
039	43556	SHERWOOD	DEFIANCE
043	44879	SHINROCK	ERIE
173	43463	STONY RIDGE	WOOD
171	43557	STRYKER	WILLIAMS
051	43558	SWANTON	FULTON
095	43560	SYLVANIA	LUCAS
147	44883	TIFFIN	SENECA
095	436	TOLEDO	LUCAS
	43619	NORTHWOOD	
	43460	ROSSFORD	
	43623	FRANKLIN PARK	
095	436	TOLEDO (Cont.)	LUCAS
	43614	HEATHERDOWNS	
	43606	KENWOOD STATION	
	43624	MADISON AVENUE	
	43611	POINT PLACE	
	43612	WEST TOLEDO	
173	43565	TONTOGANY	WOOD
063	45889	VAN BUREN	HANCO
063	45890	VANLUE	HANCO
143	44870	VENICE	SANDU
043	44089	VERMILION	ERIE
143	43454	VICKERY	SANDU
077	44889	WAKEMAN	HURON
173	43465	WALBRIDGE	WOOD
095	43566	WATERVILLE	LUCAS
051	43567	WAUSEON	FULTO
173	43466	WAYNE	WOOD
173	43467	WEST MILLGROVE	WOOD
173	43569	WESTON	WOOD
171	43570	WEST UNITY	WILLI
095	43571	WHITEHOUSE	LUCAS
077	44890	WILLARD	HURON
063	45897	WILLIAMSTOWN	HANCO
123	43468	WILLISTON	OTTAW

5. Justification is as follows:

a. Workload staffing comparing was prepared for the following outpatient clinics;

Columbus, OH
Peoria, IL
Canton, OH
Grand Rapids, MI
Toledo, OH

Information was provided to Ms. Carolyn Boyd by the chiefs or supervisors of these dental facilities and by Dr. Sam Clark, Regional Coordinator, ACMD for Dentistry, VA Central Office.

b. The attached chart compares staff, auxiliaries and workload for these facilities.

c. Potential fee basis dental patients are being treated at the Toledo Outpatient Clinic. Patients from Toledo plus others sent to them from Allen Park, Ann Arbor and Cleveland are also being treated. None of the patients are being sent out for fee basis care. Our charge is to decrease fee basis expenditures. We can not reduce fee basis costs in Ohio and Michigan by decreasing staff at the Toledo Outpatient Dental Clinic.

d. These statistics indicate that the Toledo Outpatient Clinic is understaffed by auxiliaries compared to the other stations. Toledo cases pending (218) and cases per doctor (109) are higher than all other stations reviewed except the Columbus Clinic. The Columbus Clinic has 323 cases pending completion and 161 cases per doctor. They have a total auxiliary staff of 6.5 compared to the Toledo Outpatient Clinic's 1.6.

e. The utilization of trained dental assistants is the most cost effective way of increasing the productivity of dentists. Many studies have been conducted to determine the effect of the dentist's productivity of an extra pair of hands full-time at the chairside. It has been demonstrated in these studies that the productivity of the dentist can be increased 33% to 78% by fully utilizing the skills of the well trained full-time chairside dental assistant. The results of two such studies demonstrate this:

	Dentists	Chairs	Assistants	% Increase Activity by Adding 1 Assistant
	1	1	1	33 %
Klein	1	2	1	63
	1	3	1	75
	1	2	1	50
Watterman	1	2	2	75

Attachment:

VA DENTAL OUTPATIENT STAFFING AND PATIENT CARE ACTIVITY

Station	# of Staff D.D.S.	Dental Assistants	Dental Lab. Techs.	Dental Hygienist	Administrative	Cases Pending Completion	Cases Pending D.D.S.
Toledo OH	2	1.6	0	0	0	218	109
Columbus OH	2	3	2	.5	1	323	161
Peoria IL	1	1	.5	.5	.25	30	30
Grand Rapids MI	1.4	2	1	0	0	94	63
Canton OH	2	2	1	0	4 Vol	105	52

Inspector General

The delivery of quality dental care has changed significantly over the last few decades due to improvements in equipment, materials and techniques, but dentists would still be practicing in the dark ages were it not for our third and fourth hands--our dental assistants.

In most offices, the assistant is no longer just a mixer of medicaments and cleaner of operatories. Instead, they are well educated members of the dental health team, able to make the dentist far more effective in providing quality dental care and able to communicate dental health information to our patients.

f. Relations to Central Office mandated program staffing guides:

Central Office staffing guidelines state:

> "...For maximum utilization of the skills of dentists, management is encouraged to implement the principles of the team (four handed dentistry) approach in the delivery of oral health care. The guidelines relative to dental auxiliaries represent the minimum required to assure full-time chairside assistance to the dentist. In some situations, additional auxiliaries would be advantageous..."

g. Impact of vacancy on the Dental Service:

Immediate impact can be seen in:

(1) A reduction in examinations.

(2) A reduction in patient treatment procedures and patients treated.

(3) An unavoidable compromise of the care provided.

(4) An unavoidable increase in patient discomfort and stress due to increase difficulty of dental procedures.

(5) Increased time in completing procedures.

Dental laboratory work at the Toledo OPC presently is being done by the dentists and by sending it to VAMC in Ann Arbor. Many dental procedures require that a Dental Laboratory Technician be immediately available to the doctors for many dental procedures. These procedures include:

a. Pouring of impressions for complete dentures, removable partial denture, crown and bridge, prosthodontics, study models for occulsal splints used in treating temporomandibular problems. These impressions must be managed immediately or the impression materials distort and the final products do not fit.

b. In addition if technicians are not available to do this work the doctors must do it themselves. The time required for the doctors to do the work is significant and is time not available for patient care. Two doctors earning $45.00 per hour combined would be doing the work of a dental laboratory technician at $8.00 per hour. Fewer patients visits would result and cost/unit of work completed would increase, (i.e.) Complete denture service usually requires 5 doctor/patient visits prior to delivery of the finished dentures. All five of these visits can and have been accomplished in one day with a dental laboratory technician available to the doctor. Without a dental laboratory technician 5 separate visits are required. Therefore, four patient visit days with travel expense are saved when all five procedures are completed in one day. In addition to the travel money saved the time and expense involved in packing, transporting and delivery of laboratory work is eliminated at both Toledo and Ann Arbor. Patients are also given better service in less time with less travel. This is especially important to our service-connected, handicapped, chronically ill and geriatric eligible veterans.

If a laboratory technician cannot be provided at Toledo it will be necessary to:

a. To arrange for certain Toledo patients to be treated at Ann Arbor, VA Medical Center, Cleveland VAMC or fee basis. This of course obligates a significant amount of beneficiary travel funds and fee basis money.

b. Discontinue a number of available oral health services at the Toledo Outpatient Clinic. This would seem to be an under utilization of the dental professional staff available at the Toledo Outpatient Clinic.

c. Refer patients for the most expensive type of dental care, prosthetic dentistry, to participating Fee Basis Dentists in Ohio or Michigan for outpatient care. This type care could easily exceed several thousand dollars per patient. The University of Michigan Hospital Fee Schedule places a value of $800-$1000.00 for a set of maxillary mandibular complete dentures. Ceramco type crown and bridge restorations are priced at $300-$350.00 per unit. Six units per patient are often necessary. Individual fee cases have been as high as $5000.00 each. We attempt to have these patients agree to receive care at the Toledo Outpatient Clinic or Ann Arbor. Toledo's participation would be impossible without a dental laboratory technician.

d. The oral health care provided by the staff at the Toledo Outpatient Clinic has been significant and has increased over the last year. Their performance has been remarkable in terms of patient satisfaction. It is a sacrifice to send one of our dental laboratory technicians to Toledo one and occasionally two days per week. However, the veterans served there should have available the same quality of care in a timely manner that is available at our Medical Center and at many other VA and Civilian Dental Clinics.

6. Effective July 1, 1984 the affiliation agreement between the Medical College of Ohio and the VA Medical Center will provide an opportunity to improve the quality and quantity of care provided at the Toledo OPC. This affiliation has been approved by VA Central Office. A copy of the Memorandum of Affiliation is enclosed. The Requirements for Accreditation

Veterans Administration

Department of Medicine and Surgery

Washington D.C. 20420

14-

FEB 08 1984

In Reply Refer To: 141B

Director (00/14A)
VA Medical Center
Ann Arbor, MI 48105

SUBJ: Memorandum of Affiliation with Medical College of Ohio

We are pleased to advise you that the Appendix 2-B Memorandum of Affiliation between the Veterans Administration Medical Center Ann Arbor and the Medical College of Ohio for educational experiences for students in the General Practice Residency in Dentistry program has been approved by the Office of Academic Affairs. The Memorandum of Affiliation you submitted meets current requirements for this type of affiliation.

By direction of the ADCMD.

David M. Worthen

DAVID M. WORTHEN, M.D.
ACMD for Academic Affairs

FEB 13 1984
Veterans Administration

of General Practice Residency of the American Dental Association specifies that residents be provided full-time chairside assistance for all clinical procedures. House officers performing clinical activities need to be supported with a full-time auxiliary. Plans to meet these specifications and provide this support include a full-time hygienist who would perform oral prophylaxis on a half-time basis and GPR assistance half-time.

A half-time hygienist performing oral prophylaxis will increase patients visits by 800-1000 each year. At an average fee of $30.00 charged by the private dentist this service would more than pay for her salary. By not having the dentists perform oral prophylaxis procedures their time would be free to perform more cost effective restorative and prosthetic procedures.

7. In order for the Dental Service at Toledo OPC to provide comprehensive oral health care to eligible veterans it must be provided efficiently and in a cost effective manner. A clerk-receptionist is an essential element in greeting patients and assisting them in filling out appropriate government forms. Many of our patients are elderly and need to have careful and attentive individuals to instruct them in filling out forms.

When an appointment is made for the patient that is time reserved solely for that individual. In a properly run dental service the clerk-receptionist would be able to call each scheduled appointment in advance to confirm appointments. Recall of class I, II C and IV patients could be accomplished with an orderly schedule. Other duties would include pulling charts for scheduled daily appointments, maintaining an organized flow of patients into scheduled appointed time, typing reports, answering inquiries and telephone calls.

8. Summary and Recommendation:

The important issue is maximum utilization of staff and facilities in treating eligible veteran patients. The dental service can become more productive and efficient in its operation, see more patients and provide better quality care if given proper staffing. The facility is adequate and comfortable and the need exists with the quarter million veterans in this Northwest Ohio - Southeastern Michigan catchment area. Our effort must be devoted toward staffing the Dental Service at the Toledo Outpatient Clinic adequately so that efficient quality oral health care can be provided to the eligible veterans of Toledo and surrounding communities.

RICHARD L. MYERS, D.D.S.
Supervisory Dentist (160a4)

Attachment

MAUMEE VALLEY CHAPTER
AMERICAN EX-PRISONERS OF WAR
1538 Lakewood street
Toledo Ohio 43605
AUGUST 13, 1984

SUB-COMMITTEE ON HOSPITAL AND HEALTH CARE
3015 LAGRANGE STREET
TOLEDO, OHIO

MEMBERS OF CONGRESS:

On behalf of, not only Former Prisoners of War, but all elibible Veterans, in the area served by the Dental Service TOPC. I am requesting a greatly increased quality of service.

This could be accomplished, in my opinion, thru Staff increases to include:

A Laboratory Technician: a Hygienist and a Secretary-Receptionist.

Presently, the staff includes:

2 Dentists and 2 Dental Assistants.

In the last (approx) 11 weeks, one dentist was not available 8 weeks to work.

The other dentist, is a supervisor, which requires various staff meetings and overseeing a Medical College of Ohio Resident Dentist, as well as other supervisory duties.

Dentures requires a 5 to 7 weeks turn around time period. (With a Lab Tech, turn around time, is expected to be 2 weeks.)

All Staff Members wear many hats!

I have seen a problem in day to day operations due to staff shortages.

Such as, if one Dental Assistant is not working, either the other assistant or one of the dentists must answer the phone, reguardles of what they are doing, taking X-rays, doing surgery or working in the laboratory.

I firmly believe, with the passage P.L. 97-37, as well as the ages of those Veterans from WW II and Korea.

The importance of the TOPC Dental Service, is now at it's peak!

Thank you,

Charles E. Ferguson

Charles E. Ferguson,
Service Officer

DISABLED AMERICAN VETERANS

MONTFAUCON *CHAPTER 27*

2803 AIRPORT HIGHWAY • PHONE 381-1456
TOLEDO, OHIO 43609

Edmund A. Van Tassel, Sr.
Commander

Ruth Kubacki
Service Officer

To: Bob Edgar, Chairman
Subcommittee on
Hospitals and Health Care

Statement to be presented at
hearing on August 13, 1984
at Central-Lagrange Center
3015 Lagrange St.
Toledo, OH 43608
4 p.m. to 7 p.m.

DISABLED AMERICAN VETERANS

MONTFAUCON CHAPTER [illegible]

2802 AIRPORT HIGHWAY • Phone [illegible]
TOLEDO, OHIO 43609

As Service Officer of the Toledo Chapter of the Disabled American Veterans, I aid veterans in opening new claims and reopening old claims for service connected disabilities; help with claims for non-service connected compensation; widow's benefits; etc.

All of the paper work I do is sent directly to our DAV National Service Officers in Cleveland. They in turn process the claim and forward it to the Veterans Administration. Since many of these veterans have medical records at Ann Arbor, it takes longer to get the records. This delays the processing of the veteran's claim. The records from the VA Outpatient Clinic in Toledo and the records from Brecksville are easier to retrieve.

Many of our veterans have hearing problems. They are sent to Ann Arbor from the Outpatient Clinic. Then if they are told at Ann Arbor that they need a hearing aid, we have to get authorization from the Cleveland VA--this all takes time. If the audio test could be given in the Outpatient Clinic, it certainly would simplify things. Some of my veterans have had to wait six months or longer for their hearing aids because of the delay in getting authorization.

Most of my veterans are satisfied with getting their prescriptions filled at the Clinic, except for the fact that if they have a prescription from a private physician they have to get an appointment with a doctor at the Clinic and that doctor has to rewrite the prescription. This also all takes time.

All the veterans complain about the long waiting line for anything you want to do at the Clinic. The Clinic is severely understaffed and while they are taking care of the long line of veterans, they do not even attempt to answer the telephone. When someone does answer, it is either part-time or volunteer help, and they cannot answer questions properly--in fact, they just say they do not know the answers. This certainly does not make a good impression on the public.

I will say that whenever I have asked for medical records, help with prosthetic equipment or information about such equipment, I have received excellent cooperation.

I do not have any actual figures as to the staffing of the clinic when it was opened and as to what it is now--the only thing I know is that the veterans I serve through our DAV Office have more and more complaints about the Clinic, especially the fact that they have to go to Ann Arbor for so many services, exams, etc. that they should be able to get in Toledo. In the long run, this probably costs the VA more money because the veteran gets travel pay going to Ann Arbor--all unnecessary cost.

I have several Vietnam veterans that have come in recently because they were called into Brecksville last fall for a psychiatric examination and then were cut from 100% to 70% (some were cut to 50%) disability--nervous disorder. I have reopened their claims and some have been reinstated to 100%--others are still pending based on another hearing. I have had to get their medical records from the Clinic and find that because there is only one psychiatrist on the staff, several of these veterans have had to be sent to outside centers. The veterans themselves

DISABLED AMERICAN VETERANS

MONTFAUCON CHAPTER 27

2802 AIRPORT HIGHWAY • PHONE 381-1456
TOLEDO, OHIO 43609

do not feel these centers are very adequate and they would much rather see a trained psychiatrist. Just today I had a Vietnam veteran call my office and tell me that he called out to the Clinic to get an appointment with the psychiatrist and he was told they had no openings. He called me to see what to do next.

On a personal basis, I have had contact with the Clinic because I am guardian of a mentally incompetent veteran--WWII. When he had a little set back and I felt that he needed some professional help, I went to the Clinic personally and I was told that they had no openings for new patients--in fact at that time there was no psychiatrist available. I was told Brecksville had no openings and neither did Ann Arbor. They recommended that I take him to a private hospital in Toledo--one that had a psychiatric unit--and get him some help. Then notify the VA so that they could take care of the costs. This certainly makes no sense when you have a Clinic that should be taking care of these veterans.

These are just a few of the problems I have run into in the past fifteen months as Service Officer; however I am sure you know that there are many, many more.

I definitely feel that the Outpatient Clinic in Toledo should be an independent one so as to insure better care for our veterans.

Respectfully submitted,

Ruth Kubacki
Service Officer
Chapter 27--DAV

Clement C. Dombrowski
3139 College Ave.
Toledo, Ohio 43608
(419) 246-4116

THE AMERICAN LEGION

TO: Congressional Committee on Veterans Affairs
and V.A. Hospitals
RE: V.A. Outpatient Clinic, Toledo, Ohio
FROM: Clement C. Dombrowski, Past State Commander
The American Legion
DATE: August 13, 1984

I was invited with other Veterans to the Ann Arbor V.A. Hospital when the Toledo V.A. Clinic was in the planning stage. We were shown the blueprints of the building and informed where it would be located in Toledo. When the building was under construction we were again invited to Ann Arbor for a briefing on the services that would be provided. The number of doctors, nurses, technicians and other staff people that it would employ. Over 100 in all to serve the 250,000 Veterans in Northwest Ohio and Southern Michigan.

We were shown pictures of various equipment that would be installed. The services that were promised covered about all the needs of the Veterans, including a twice a day shuttle service to the Ann Arbor Hospital for those in need of services not provided at this clinic.

The building was erected and it is one of the finest in the V.A. system. The staffing however, was never fulfilled as promised. The equipment promised was not installed even though some of it was delivered. Therefore the services promised were not and are not being delivered as promised.

Our Veteran population is growing older and the need for a medical delivery system is becoming greater each day. Consider that there are approximately 300,000 World War I veterans whose average age is almost 90 years. 13.5 million World War II veterans whose average age is 70. 6 million Korean veterans in their late 50's, and 9 million Viet Nam veterans in their late 30's. The need for medical services by the WWII veterans is at a great demand now and will peak in the next few years. They should not be turned away nor be forced to stand in line for hours to receive the services they are entitled to, because of under staffing.

I have visited all the V.A. Hospitals in Ohio and some out of State. The Toledo Outpatient Clinic is the first of three in Ohio. The others are in Canton and Columbus. All other Hospitals and Clinics are doing a much better job providing medical treatment to the veteran in their respective areas.

We the Veterans of Northwest Ohio would like to see an improvement at the Toledo V.A. outpatient clinic.

For further information and statistics please refer to the American Legion report numbered 3-071.

VIETNAM VETERANS OF AMERICA

CHAPTER 35, VIETNAM VETERANS OF TOLEDO
P.O. BOX 6436 TOLEDO, OHIO 43612 (419) 242-2293

TESTIMONY ON MENTAL HEALTH AND AGENT ORANGE HEALTH CARE SERVICES AVAILABLE TO VETERANS, PARTICULARLY OF THE VIETNAM ERA, OF NORTHWEST OHIO

PRESENTED BY MICHAEL A. FLOWERS
NATIONAL BOARD MEMBER
VIETNAM VETERANS OF AMERICA

BEFORE THE SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
OF THE COMMITTEE ON VETERANS' AFFAIRS
AND THE U. S. HOUSE OF REPRESENTATIVES

AUGUST 13, 1984

320 W. WOODRUFF • SUITE 218 • TOLEDO, OHIO 43624

GOOD AFTERNOON, MR. CHAIRMAN, AND COMMITTEE MEMBERS. MY NAME IS MICHAEL FLOWERS. I AM A VIETNAM VETERANS OF AMERICA NATIONAL BOARD MEMBER. VIETNAM VETERANS OF AMERICA APPRECIATES THIS COMMITTEE'S CONCERN AND POSITIVE ACTION IN MOVING TOWARDS A MORE SUITABLE HEALTH CARE PROGRAM FOR NORTHWEST OHIO VETERANS.

AS WE ARE GATHERED HERE TODAY, THE MENTAL HEALTH DEPT. OF THE V. A. OUTPATIENT CLINIC IN TOLEDO IS ATTEMPTING TO SERVICE PATIENTS BUT IS SO GROSSLY BELOW PAR THAT IT MUST BE UPGRADED IMMEDIATELY. THIS IS IRONIC AS ITS STAFF IS DEDICATED AND IS WORKING LONG HOURS UNDER MUCH NEEDLESS PRESSURE. FOR SUCH A DEPARTMENT TO OPEN WITHIN A V. A. FACILITY, IT SHOULD HAVE A MINIMUM OF 4.0 STAFF JUST TO PROVIDE BASIC SERVICES AND REFERRALS. THE CLINIC HAS .8 PSYCHIATRIST, .8 PSYCHOLOGIST, 1.0 NURSE, .6 SOCIAL WORKER, FOR A TOTAL OF 3.2 STAFF; THAT IS .8 BELOW THE V. A. REQUIRED 4.0 MINIMUM LEVEL.

BY ITS OWN ADMISSION, THE STAFF CAN BARELY HANDLE APPOINTMENTS AND REFERRALS. A CONTRACT PROGRAM WAS ESTABLISHED WITH THE COMMUNITY MENTAL HEALTH CENTER TO HANDLE THE PSYCHOLOGICAL READJUSTMENT AND POST TRAUMATIC STRESS DISORDER NEEDS OF VIETNAM ERA VETERANS. THIS PROVIDER HAS HELPED SOMEWHAT BUT IS NOT SUFFICIENT. A CLINIC DOCTOR EXPRESSED CONCERN AS TO WHAT WILL HAPPEN IF THOSE PATIENTS (AT LEAST 225) REFERRED TO THE CONTRACT PROVIDER MUST BE REABSORBED INTO THE CLINIC'S ALREADY OVERBURDENED CASELOAD. IN 1984, OVER 146 VETERANS HAVE BEEN REFERRED TO ANN ARBOR, TOLEDO MENTAL HEALTH CENTER, CLEVELAND, BRECKSVILLE AND 4 WENT AS FAR AS BATTLE CREEK, MICHIGAN DUE TO LACK OF BEDS. IN ADDITION, THE DETROIT VETERANS OUTREACH CENTER TEAM LEADER SAID SHE HAS ASSISTED AT LEAST 10 NEW VETERANS FROM TOLEDO AT ALLEN PARK IN THE PAST MONTH. SHE ALSO ADVISED THAT, ACCORDING TO REPORTS SHE HAS SEEN, AT LEAST HALF THE PATIENTS SEEKING TREATMENT AT ANN ARBOR FACILITIES ARE FROM THE TOLEDO AREA.

TOLEDO AND SURROUNDING CITIES LIE CLEARLY ON THE OUTSKIRTS AND BORDERS OF THE NEAREST VETERANS OUTREACH CENTERS' OUTREACH PROGRAMS AND ARE NOT BEING SERVICED PRESENTLY. ONE OPTION UNKNOWN TO MOST VETERANS IS THAT THEY COULD DRIVE TO A VETERANS OUTREACH CENTER AND OBTAIN IMMEDIATE ASSISTANCE. FEW ARE ABLE TO MAKE THESE LONG TRIPS. IF A VETERAN IS UNEMPLOYED, AS MANY AREA VETERANS ARE, HE PROBABLY CANNOT AFFORD THE TRIP. IF HE IS EMPLOYED, IT IS UNLIKELY HE CAN TAKE THE NECESSARY TIME FROM WORK FOR REGULAR THERAPY AT THE DISTANT CENTER.

MOST POST TRAUMATIC STRESS DISORDER CLAIMS ARE CONSIDERED A LOW PRIORITY AND MUST BE UPGRADED TO A HIGHER PRIORITY LEVEL SO ASSISTANCE CAN BE OBTAINED MORE QUICKLY. IF NONE OF THE STAFF IS ILL OR ON VACATION, THERE IS A 2-3 WEEK WAIT FOR AN APPOINTMENT. A VIETNAM VETERAN WITH A POST TRAUMATIC STRESS DISORDER WILL THEN BE REFERRED TO THE COMMUNITY MENTAL HEALTH CENTER AND HAVE ANOTHER 2-3 WEEK WAIT JUST TO BE SCREENED. A VETERAN WITH SEVERE PROBLEMS CANNOT, AND SHOULD NOT, HAVE TO WAIT 4-6 WEEKS FOR THERAPY. THE CLINIC CANNOT HANDLE WALK-INS.

THE POST TRAUMATIC STRESS DISORDER COMMITTEE OF CHAPTER 35 OF THE VIETNAM VETERANS OF AMERICA SURVEYED VETERANS OUTREACH CENTER TEAM LEADERS FROM SURROUNDING CITIES, PSYCHOLOGISTS, PSYCHIATRISTS AND OTHERS WHO DEAL WITH VETERANS. SINCE VETERANS EXPERIENCED VARYING DEGREES OF EXPOSURE TO TRAUMATIC SITUATIONS, SUCH AS COMBAT, THEY MAY EXPERIENCE VARYING DEGREES OF P.T.S.D. AND SUBSEQUENT READJUSTMENT PROBLEMS.
THE RESULTS OF THE SURVEY INDICATE THAT A MINIMUM OF 20%, OR 3,916, OF LUCAS COUNTY'S 19,580 VIETNAM VETERANS WOULD BENEFIT FROM IMMEDIATE PSYCHOLOGICAL READJUSTMENT SERVICES. ADD TO THAT 20%, OR 2,020 OF THE 10,100 VIETNAM ERA VETERANS FROM THE IMMEDIATELY ADJACENT COUNTIES OF WOOD, FULTON, SANDUSKY, HENRY AND OTTAWA. THE CLINIC CLEARLY CANNOT HANDLE THE MENTAL HEALTH NEEDS OF THE VIETNAM ERA VETERANS, MUCH LESS THOSE OF VETERANS FROM OTHER WARS AND COUNTIES.

THE FOLLOWING POINTS MUST BE CONSIDERED IF THE SERVICES AVAILABLE TO NORTHWEST OHIO VETERANS ARE TO BE UPGRADED: 1) THE V. A. MENTAL HEALTH DEPT. MUST BE SUPPLEMENTED IMMEDIATELY; 2) A VETERANS OUTREACH CENTER IN TOLEDO IS A MUST IN THE IMMEDIATE FUTURE. A VETERANS OUTREACH CENTER WOULD MAKE TREATMENT MORE ACCESSIBLE AND AVAILABLE MORE QUICKLY, ELIMINATE MUCH TRAVEL TIME AND COULD HANDLE WALK-INS. VETERANS WOULD TREAT VETERANS (A MAJOR CONSIDERATION OF MANY VETERANS) AND IT WOULD HELP THE V. A. OUTPATIENT CLINIC'S MENTAL HEALTH DEPT. HANDLE ITS PRESENT OVERLOAD, WHICH IS GROWING; 3) AN ADDITIONAL PROVIDER OR TWO, PREFERABLY A VIETNAM COMBAT VETERAN WHO IS A PSYCHIATRIST OR PSYCHOLOGIST SHOULD BE MADE AVAILABLE; 4) POST TRAUMATIC STRESS DISORDERS AND SHELL SHOCK CLAIMS MUST BE GIVEN A HIGHER PRIORITY; 5) APPOINTMENT WAITING PERIODS MUST BE DECREASED.

ALSO, I WOULD LIKE TO ADDRESS A SECOND SUBJECT OF EQUAL IMPORTANCE TO VIETNAM VETERANS, WHICH IS AGENT ORANGE. I WILL NOT ATTEMPT TO QUESTION THE V. A. AND ITS METHODS OF COMPENSATION OR TREATMENT, BUT RATHER THE PRELIMINARY TESTING OF THOSE CONCERNED VETERANS THAT MAY HAVE BEEN EXPOSED TO AGENT ORANGE TYPE HERBICIDES.

AT THE GLENDALE OUTPATIENT CLINIC, THE RECORDS SHOW THAT IN 1982 122 VETERANS RECEIVED THE TEST, IN 1983, THIS FIGURE JUMPED TO 165 AND THIS YEAR, AS OF JUNE 1984, THE NUMBER OF VETERANS TESTED WAS 120. WITH PUBLIC AWARENESS INCREASING, AS WELL AS THE RECENT OUT OF COURT SETTLEMENT, THIS FIGURE WILL SURELY INCREASE DRAMATICALLY. SINCE 1980, THE GLENDALE CLINIC HAS GIVEN A TOTAL OF 707 EXAMS. IT IS ESTIMATED THAT ANOTHER 1/3 OF THIS FIGURE DID NOT SHOW UP FOR A SCHEDULED APPOINTMENT. ONLY ONE OUT OF EVERY 100 VETERANS FROM THIS AREA TRAVELS TO THE ANN ARBOR FACILITY FOR THIS TESTING. AS OF NOW, A VETERAN WISHING TO TAKE AN AGENT ORANGE EXAM AT THE GLENDALE OUTPATIENT CLINIC MUST WAIT UNTIL OCTOBER OF 1984.

TO ACCOMPLISH THIS TESTING, A DOCTOR AND A NURSE ARE REQUIRED. A PHYSICAL IS GIVEN, ALONG WITH LAB WORK AND X-RAYS. IF PROBLEMS EXIST, THE VETERAN WILL BE REQUIRED TO VISIT A SPECIALTY CLINIC IN ANN ARBOR. RESULTS OF THESE TESTS TAKE APPROXIMATELY TWO WEEKS FOR REVIEW AND SUBSEQUENT ACTIONS, IF NEEDED.

WITH THE PASSAGE OF RECENT LEGISLATION IN BOTH THE HOUSE AND THE SENATE, RECENT AGENT ORANGE LITIGATION, AND THE VETERAN'S OWN AWARENESS ON THE INCREASE, IT IS EVIDENT THAT SUPPLEMENTATION OF THE GLENDALE CLINIC'S STAFF IS WARRANTED.

THIS COMMITTEE HAS THE MEANS AND OPPORTUNITY TO IMPROVE THESE CONCERNS OF VETERANS IN NORTHWEST OHIO AND I URGE YOU TO CONSIDER THE IMMEDIACY OF OUR PROBLEMS WHEN YOU SUBMIT YOUR FINAL RECOMMENDATIONS. AGAIN, I THANK YOU FOR THE OPPORTUNITY TO ADDRESS YOU ON THESE VERY IMPORTANT ISSUES.

STATEMENT OF
NORM GRESSMAN
COMMANDER
AMVETS POST #63
BEFORE THE
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
OF THE
COMMITTEE ON VETERANS AFFAIRS
U.S. HOUSE OF REPRESENTATIVES
TOLEDO, OHIO
August 13, 1984

We Fought Together — Let's Build Together

AMVETS

SOLIDARITY POST No. 63
2748 TREMAINSVILLE ROAD
TOLEDO, OHIO 43613

CONGRESSIONAL HEARING FOR VETERANS AFFAIRS

Mr. Chairman and Committee Members:

My name is Norm Gressman, present Commander of AMVETS Post #63.

AMVETS is a veterans organization composed of veterans of World War II, Korea, and Vietnam. We have a statewide membership of 17,683 and approximately 250,000 nationwide. In the immediate area we represent approximately 873 veterans, many of whom are treated at the Glendale Veterans Administration Clinic.

In a survey conducted at several AMVET Posts, we found that the majority of members concur with the veterans groups here, that our present primary concern is health care for the aging veteran. Other concerns were: Length of time between appointments; inadequate staffing to shorten waiting time; difficulty in being admitted to Ann Arbor Hospital; and service-connected veterans not being given priority over non-service-connected veterans.

In conclusion, we also feel that many of the services provided by the clinic were taken from them by Ann Arbor, thereby depriving our local veterans of better care.

Thank you.

Norm Gressman, Commander
AMVETS Post #63

NG/ac

We Fought Together — Let's Build Together

AMVETS

SOLIDARITY POST No. 63
2740 TREMAINSVILLE ROAD
TOLEDO, OHIO 43613

August 3, 1984

ADDENDUM

CASE HISTORY OF A 100% SERVICE-CONNECTED DISABLED VETERAN

We have a member who is a 100% service-connected disabled veteran who is an above knee amputee with a history of three heart attacks, by-pass surgery in 1975 and 1981, all taken care of in private hospitals. He also has a history of ulcers and a hiatal hernia.

Feeling poorly, he went to one local clinic doctor and asked to be admitted to Ann Arbor as an in-patient for diagnostic tests, hoping to find the cause of his condition.

Despite his objections, he was told he would have to have these tests on an out-patient basis. Due to the slow scheduling at Ann Arbor there probably would have been a time lapse of a year or possibly longer. There is a distinct possibility he could have died in this time period.

George Friddle

GF/ac

VETERANS OF FOREIGN WARS
OF THE UNITED STATES
FOUNDED 1899
Department of Ohio

Office of
JAMES McCAULEY
Regional Service Officer
3333 Glendale Avenue, Room 121
Toledo, Ohio 43614
Phone: (419) 259-2062

STRENGTH
FOR SERVICE OFFICERS

God and the soldier, all men adore,
In time of trouble, and no more.
For when war is over, and all things righted,
God is neglected, the old soldier slighted.
Somehow, the grim irony of it sustains
me in my career.

STATEMENT OF
JAMES MC CAULEY, STATE OF OHIO
SERVICE OFFICER
VETERANS OF FOREIGN WARS OF THE UNITED STATES
BEFORE THE
SUB COMMITTEE ON THE QUALITY AND AND QUANTITY OF VETERANS' ADMINISTRATION HEALTH CARE DELIVERED TO VETERANS OF NORTHWESTERN OHIO

MR. CHAIRMAN AND MEMBERS OF THIS SUB OMMITTEE:

Thank you for the privelege of appearing before this distinguished Subcommittee to present our concern for the health care of our aging veterans.

We are all aware that veterans, as well as other Americans, are aging and will need special care soon.

Under present law those who served honorably in the military will be able to obtain care at age 65.

The total veteran population will get smaller, but it will get older. The group of veterans over 65 stands at some 14% at present, and is expected to increase to near 45% by the year 2015.

There is preparation for this impact already noted by the statement of V. A. Administrator, Mr. Harry N. Walters. "It is the V. A.'s job to care for all eligible veterans--and that entails resources. It is Congress's job to establish eligibility criteria for veterans and to authorize and appropriate resources."

Eligibility criteria are not an issue. Congress has established the criteria in the law. V. A. planning should assume no change in the criteria.

There is in your possession statistics showing the increase anticipated over the next several decades, and these are the V. A.'s own reports.

The statistics offered to you were compiled by the V. A. and we must agree with the statement of Mr. Walters.

"The mission of the Veterans Administration is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in ensuring that they receive the care, support and recognition earned in service to this Nation.

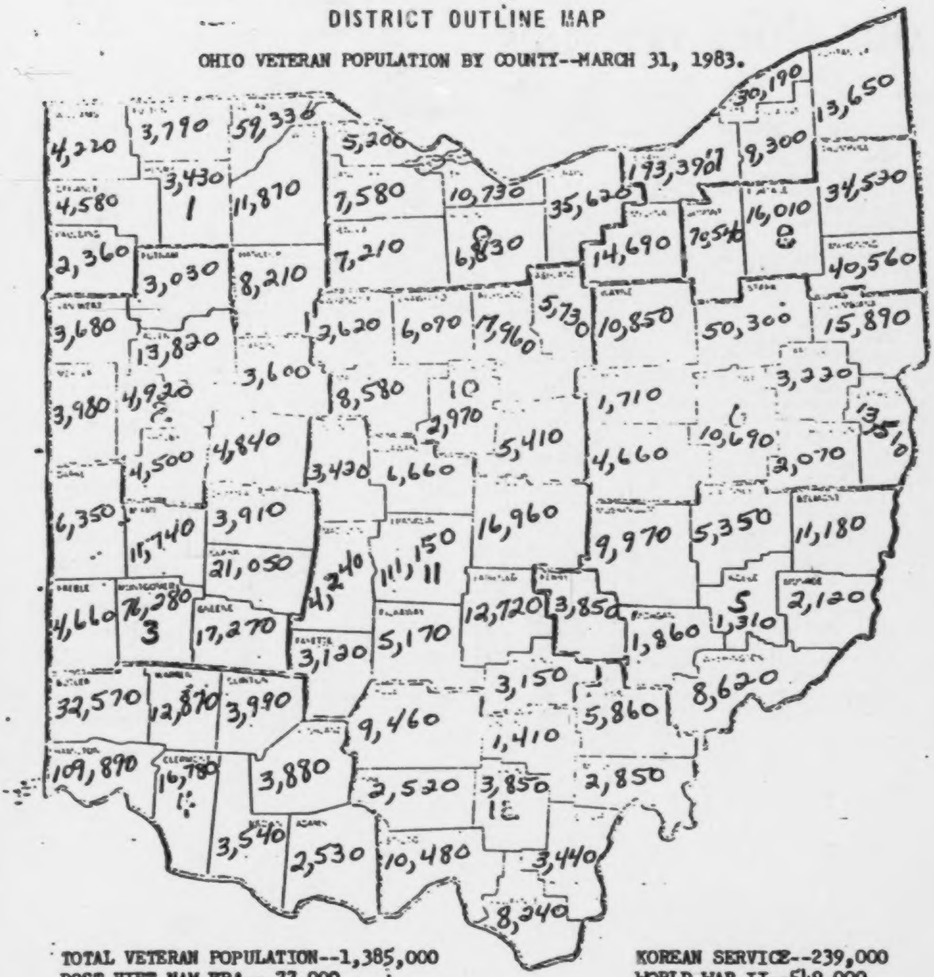
Mr. Chairman, this concludes my statement except to thank this committee for the opportunity to appear before you.

DEPARTMENT OF OHIO

VETERANS OF FOREIGN WARS

DISTRICT OUTLINE MAP

OHIO VETERAN POPULATION BY COUNTY--MARCH 31, 1983.



TOTAL VETERAN POPULATION--1,385,000
POST VIET NAM ERA-- 77,000
VIET NAM ERA--380,000
SERVICE BETWEEN KOREA AND VIET NAM--153,000

KOREAN SERVICE--239,000
WORLD WAR II--549,000
WORLD WAR I--14,000
WAR VETERAN--1,136,000

OTHER PEACE TIME VETERANS--19,000

U.S. is tackling health needs of our older veterans

By Warren Wheat
USA TODAY

WASHINGTON — While the USA focuses on the problems of Social Security and Medicare, the Veterans' Administration has been wrestling with an aging problem of its own.

Virtually all World War II veterans and many Korean War veterans will be 65 by 1990 and entitled to free hospital and nursing home care at VA facilities.

But neither Congress nor the VA know what to expect, how to prepare or what it will cost.

By 1990, the VA estimates, more than half the nation's males 65 or older will be veterans, reaching 64 percent five years later. The VA is trying to determine how many more will seek medical care as their numbers increase.

Two years ago, 798,000 of the 3.3 million veterans 65 or older came to the VA for some type of medical care. The VA estimates that elderly veterans will occupy 50 percent of its hospital beds by 1990.

"It is clear ... that a crunch is in prospect," Dr. Donald Custis, the VA's chief medical director, warned a House subcommittee last year.

Custis said he doubts the VA "is going to be overwhelmed" by demands to provide total care for all 9 million veterans 65 or older in the year 2000, or all 7.7 million in 1990.

But "the lowest common denominator of prudence" requires planning for about 1.8 million in 1990 and 2.2 million in 2000, Custis said.

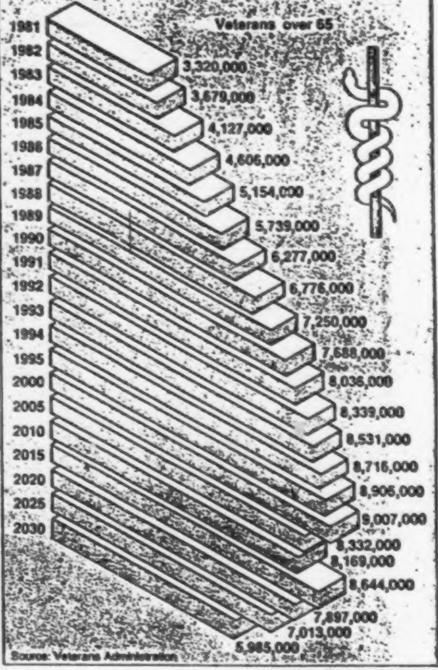
A 1970 law guaranteeing free medical care for elderly veterans doesn't mean the medical care will be available when needed. VA hospitals, already overcrowded especially in urban and Sun Belt communities, accept patients on a strict priority system favoring emergency cases and veterans with medical problems associated with military service.

Last month, a 13-member Geriatric and Gerontology Committee created by Congress completed a study of the VA's ability to provide high quality geriatric and other health-care services. The study was to include an assessment of current and projected VA needs. After the VA reviews it, the report will go to Congress by July 1.

As of last October, the VA had accepted almost 90 percent of 231,365 applicants for medical care filed the previous 12 months but still had 792 waiting for hospital care and 2,254 waiting for nursing care.

Veterans' crunch

Under a 1970 law, all U.S. veterans over 65 are entitled to free health and nursing home care. There were 3.3 million in this category in 1981, but the Veterans Administration predicts the number will double by 1990, creating more problems for already overcrowded VA facilities. Here's a look at the number of veterans expected to be 65 or over through 2030:



Source: Veterans Administration

By Marcy Eckroth, USA TODAY

A complete complement of employees at the second year will include seven physicians and 78 professional and nonprofessional personnel. There is 33,000 square footage available to the clinic, and the basic services to be provided include:

a. Medical
b. Surgical
c. Psychiatric
d. Dental
e. Pharmacy
f. Radiology
g. Laboratory
h. Prosthetics
i. Rehabilitation Medicine

The Clinic through Ann Arbor VA Medical Center is affiliated with the University of Michigan Medical School and School of Nursing. Ann Arbor VA Medical Center is also affiliated with Eastern Michigan University, Wastenaw Community College and Wayne State University.

STATEMENT OF
MR. JAMES H. STEPHENS
MEDICAL DISTRICT DIRECTOR
MEDICAL DISTRICT 14
VETERANS ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES
AT TOLEDO, OHIO

August 13, 1984

Mr. Chairman and Members of the Subcommittee:

I am pleased to have the opportunity to discuss before the Subcommittee on Hospitals and Health Care the provision of care to veterans residing in the Toledo-Northwest Ohio portion of Medical District 14.

The primary mission of every VA Medical facility is to provide the highest quality health care to our nation's veterans. We in Medical District 14 are equally committed to this mission and the additional mandate of offering a comprehensive range of quality health services in a cost-effective environment. The District's mission further addresses the provision of a full range of primary, secondary, tertiary and extended care health service capabilities to meet the identified needs of its veteran population.

Performance of this mission is centered around a referral network composed of six health care facilities including 4 VA Medical Centers located in the State of Michigan: Allen Park, Ann Arbor, Battle Creek, and Saginaw. The District also contains 2 satellite outpatient clinics: one here in Toledo, Ohio, a satellite of VAMC Ann Arbor and another in Grand Rapids, Michigan, a satellite to VAMC Battle Creek. The Allen Park and Ann Arbor Medical Centers provide a full range of tertiary "state of the art" specialized services. VAMC Allen Park serves as the referral center for the Medical District for radiation oncology. VAMC Ann Arbor serves as the referral center for VAMCs Battle Creek and Saginaw in addition to the Toledo and Grand Rapids Outpatient Clinics. These six facilities primarily serve veterans in the sixty-eight counties comprising the lower peninsula of Michigan and the three northwestern Ohio counties of Lucas, Fulton, and Wood. This service area contains a current population of 1,140,540 veterans projected to be 1,071,390 by 1990 and tapering to 941,070 by 2000.

While this decrease in population will be about 6% by 1990, the workload in this District will increase dramatically in the next few years due to an increasingly aging veteran population. Presently the number of veterans over age 65 is 13.48% of the total District population. By 1990, this percentage will increase to 24.4% of total and by the year 2000, over 34% of all veterans will be over age 65. Persons over age 65 use health care services at a significantly larger rate than those under age 65. As the World War II veteran cohort ages, it is expected also that a larger percentage of this veteran population will turn to the Veterans Administration for health care.

The present veteran population of Lucas, Fulton, and Wood counties of Ohio currently account for approximately 75,000 veterans projected to decrease to about 70,000 veterans by 1990. However, the population of veterans over 65 will nearly triple in this time frame. Approximately 90% of the Toledo OPC workload comes from these three counties.

During FY 1983, the inpatient facilities of Medical District 14 treated nearly 36,000 inpatients. On an outpatient basis, the district had a total of 453,000 outpatient visits in FY 1983. Of this total, veterans from the Toledo area generated approximately 45,000 visits of which 33,000 occurred at the Toledo OPC and another 12,000 visits were provided at VAMC Ann Arbor. The latter includes about 5000 referrals to specialty clinics. Veterans from Fulton, Lucas, and Wood counties accounted for 11% of the discharges at VAMC Ann Arbor during FY 1983.

The District has an authorized bed level of 1,896 and 427 nursing home beds. Of this, VAMC Ann Arbor has an authorized bed level of 368 and a new Nursing Home Care Unit with 120 beds to accommodate its primary service area which includes the three Ohio counties.

The Medical District Budget is $149.9 million recurring and $21.1 million non-recurring for FY 1984. The projected FY 1985 target allowance for Medical District 14 is $156.4 million recurring and $22.8 million non-recurring. The District employs a current level of 4265.1 FTE employees and trainees.

I would like to further discuss the role of the District and its relationship to the veterans in Northwest Ohio. As a part of Health Care Region 4, Great Lakes Region, the Medical District coordinates with the other five districts in the region including District 13 based at Cleveland. Medical District 14 is a regionalized referral network of services and a comprehensive health care delivery system. As an example of the regionalization concept at work in Medical District 14, veterans from VAMC Saginaw who require tertiary acute care are referred to VAMC Ann Arbor, veterans who require long-term psychiatric care are referred to VAMC Battle Creek. Any veteran in Medical District 14 who requires open heart surgery is referred to VAMC Ann Arbor. Until the opening of its new Nursing Home, veterans from VAMC Ann Arbor who required nursing home care were referred to VAMC Battle Creek. Medical District 14 acts as a consortium to identify issues, specifically define needs of veterans in this area, and provide joint planning and development to meet forecasted needs. This results in better utilization of our scarce resources and the provision of quality care while containing costs.

A primary role in meeting these objectives is carried out by the Medical District Initiated Program Planning (MEDIPP) process. The District is the primary level to begin the process of planning and decision making because it is small enough to allow tailoring of services to meet locally identified needs of the veteran population yet it is large enough to support nearly all the medical resources these veterans would require for high quality care. This MEDIPP process is under the direction of the Medical District Director supported by the District Executive Council, a District Planning Board representing the VA facilities and their employees, and District planning staff. Additionally, many different groups of people with an interest and concern for veterans health care are involved in MEDIPP planning. This occurs through a District Advisory Board composed of representatives from veterans organizations, public officials, and community health providers and consumer interests. Congresswoman Marcy Kaptur is a member of this board and her staff has participated in its deliberation in the planning process. These constituents participate not only in identifying issues and problems for planning consideration but participate in the deliberation and review of recommended courses of action to meet identified planning goals and objectives,

The Chief Medical Director has identified several issues as mandates for priorities for planning in all Medical Districts. These include: addressing the needs of the aging veteran population, developing high quality alternatives to costly hospitalization giving priority to ambulatory care and continued development of rehabilitation services in the fullest context. We are mandated to provide equally accessible and comprehensive care for female veterans and by provision of PL-97-174 we must plan to provide contingency health care support to the Department of Defense in event of war or national emergency. In addition to meeting these needs, we are also mandated to provide high quality services in the most cost effective manner including development of sharing arrangements.

The Medical District planning activity has identified several other planning issues including meeting "state of the art" technological improvements to provide highest quality diagnosis and treatment of our patients; addressing the specific development of ambulatory surgery where appropriate, and expansion of our capabilities in mental health and substance abuse, particularly in aftercare programs..

Needs of the Toledo-Northwest Ohio population have been covered in overall District planning and specific plans developed both for VAMC Ann Arbor and the Toledo OPC. One example already realized has been the newly opened 120 bed Nursing Home Care Unit at VAMC Ann Arbor. This unit will meet current and projected need for the VAMC Ann Arbor service area including Northwest Ohio through FY 1995.

In the area of extended care, nursing home needs throughout the District are also met by the use of contractual community nursing home care. VAMC Ann Arbor maintains several contracts with nursing homes in the Ohio area to allow even closer placement of veterans to their family and home community.

Accessibility to care is a planning concern throughout the Medical District. Indeed, even before the formalization of MEDIPP planning, the District recognized the need for improved access to care by establishment of the OPC's at Grand Rapids and Toledo.

Special Study Groups (SSGs) have been also formed to advise and recommend solutions to specific planning issues. At the present time the Ambulatory Care Group is considering outpatient care needs both for the Toledo area and the entire District. A Geriatric Study Group is studying the possibility of providing an Adult Day Care Center component for each outpatient care site to better address the needs of aging patients. Adult Day Care is an outpatient program aimed at improving the quality of life for older veterans and reducing their need for hospitalization or institutionalization. These centers provide a supportive maintenance and learning environment for these older veterans to meet, receive social and health services and fulfilling activities.

A major function of the District Planning process is of course the analysis of data and information regarding the current and projected status of its own patient population. In addition to researching the veteran population trends for the District which includes Northwest Ohio, some key data characteristics and projections are being used to formulate our planning recommendations. The current assessment of the workload, staffing and relationships at the Toledo OPC are that they are adequate. As increased or additional needs are identified through MEDIPP, they will be addressed.

A review of workload for the Toledo OPC from 1980, when clinic visits totalled 27,000, there has been an uneven rate of growth to 33,000 visits for FY 83 and 34,600 estimated for FY 84. Historically, approximately 90% of these visits to Toledo OPC come from Lucas, Fulton, and Wood counties. Present projections indicate 43,300 visits for FY 1990, as submitted in the current MEDIPP Plan.

As the subcommittee has requested, we have looked at the Columbus OPC in Medical District 13. The Columbus service area is 178,580 veterans in eleven counties. FY 1983 visits at the Columbus OPC totalled 79,998 with 75,636 visits probable for FY 1984 and an outpatient model projection of 125,000 for FY 1990. A large concentration, 111,150, of veteran population in Franklin County, the county in which the Columbus

OPC is located, accounts for 81% of the clinics total volume. Similarly 59,330 veterans in Lucas County accounted for 27,050 visits or 81% of the total visits for the Toledo OPC.

In concluding my remarks, I wish to express appreciation to the Subcommittee for the opportunity to discuss the Veterans Administration health care system in Medical District 14 and its perspective regarding the Northwest Ohio portion of its population served. We in Medical District 14 view the future with confidence that we will continue to deliver high quality programs and services to all veterans of the District. We are accomplishing this aim through our MEDIPP planning and the regionalized creation of a referral network of "state of the art" health care services accessible to all our veterans, while avoiding unnecessary duplication of services and programs. This allows the veteran in Northwest Ohio to have access to a full range of medical, surgical and psychiatric specialty programs including, for example: open heart, linear accelerator and oncology cancer treatment and the very latest diagnostic and imaging techniques. This concludes my statement, Mr. Chairman. I will be pleased to respond to any questions or concerns you or your Subcommittee members may have.

STATEMENT OF
MR. JOHN T. CARSON
MEDICAL CENTER DIRECTOR
ANN ARBOR, MICHIGAN
VETERANS ADMINISTRATION
BEFORE THE
SUBCOMMITTEE ON HOSPITALS AND HEALTH CARE
COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES
AT TOLEDO, OHIO

August 13, 1984

Mr. Chairman, members of the subcommittee, and guests — Good afternoon.

Thank you for the opportunity to appear before the subcommittee on Hospitals and Health care to update you on the current status of the Veterans Administration Outpatient Clinic here in Toledo.

The clinic opened in May 1979, to provide medical services to veterans residing in northwestern Ohio and southeastern Michigan. The clinic serves as a satellite facility of the Veterans Administration Medical Center, Ann Arbor, Michigan. The parent medical center is a 368-bed facility affiliated with the University of Michigan School of Medicine and School of Dentistry.

As a primary care facility, the clinic offers outpatient services in general medicine, dentistry, psychiatry, social work, rehabilitation medicine, prosthetics, laboratory, x-ray, pharmacy, dietetics, and podiatry. In addition, a veterans benefits counselor, VA counseling psychologist, and representatives from the Military Order of the Purple Heart and Veterans of Foreign Wars have offices in the clinic to offer services to our veteran patients.

To provide adequate and efficient services to our veterans, 52 staff members are employed at the clinic. The present staff includes: three full-time and two half-time general medicine physicians; a part-time psychiatrist and psychologist; two full-time dentists; five full-time and one half-time registered nurses; and one full-time psychiatric clinical specialist. In addition, 20 staff members (representing management and 18 clinical and administrative support services) from the Ann Arbor VAMC are utilized in support of the clinic's mission.

During its first full year of operation in FY 1980, the clinic experienced just over 27,000 outpatient visits. Since its first year of operation, the number of outpatient visits has grown to where the clinic performed just over 33,000 outpatient visits during FY 1983. Three counties accounted for approximately 90 percent of the outpatient workload during FY 1983: Lucas, Wood, and Fulton. It is interesting to note that these three counties, representing approximately 75,000 veterans, constitute the clinic's primary service area. Current projections indicate that the clinic will realize approximately 34,600 outpatient visits during FY 1984, a 4.2 percent increase over FY 1983.

The satellite facility is primarily divided into three clinical programs: general medicine, mental hygiene, and dental. The general medicine program represents the major share of outpatient visits, with just under 20,000 or 60 percent of the total clinic workload, performed during FY 1983. The majority of patients referred to Ann Arbor for specialized medical attention are referred by the general medicine program in Toledo. During FY 1983, approximately 4,900 visits at the Toledo facility resulted in referral to Ann Arbor for specialized medical attention. Appointments were made with the ambulatory care program in Ann Arbor for the patient to receive appropriate specialty care. The ambulatory care program at the parent facility offers a wide range of specialized medical services with care provided in 33 specialty clinics. In addition, 562 veterans referred from Toledo were admitted to the medical center during FY 1983. Considering the expense associated with providing highly trained and skilled practitioners in a specialized ambulatory setting, the referral of Toledo veterans to the Ann Arbor facility for such medical attention is consistent with minimizing duplication of services and maximizing utilization of available resources.

Surveys and inspections conducted by the Systematic External Review Program (monitored by the Department of Medicine and Surgery, Central Office) in January 1984, and the Office of the Inspector General in May 1984, have pointed to low workload levels in comparison to staffing in the mental hygiene and dental programs. Rather than reducing current staffing levels, we are searching for alternatives to increase workload to appropriate levels. One definite possibility is to reclaim patients who are presently receiving required services in the community through the fee basis program.

For example, the Cleveland Regional Office spent $47,000 during FY 1983 through the fee basis program for the provision of mental health services to Toledo-based veterans. To correct this problem, the .6 psychiatrist position will be increased to full-time effective September 1, 1984. With the appointment of a full-time Coordinator for Mental Hygiene activities on July 23, 1984, to oversee programs in both Ann Arbor and Toledo, the schedules of mental hygiene practitioners will be modified to permit implementation of a group therapy practice in Toledo. Implemented successfully in Ann Arbor during FY 1983, group therapy will free up sufficient time from the practitioners' schedules to enable them to treat additional patients presently receiving required attention through the fee basis program.

Auditors from the Office of the Inspector General indicated that each general medicine physician should be performing between 4,000-5,000 outpatient visits per year. Because the general medicine staff is close to reaching this level, a three-quarter time physician will be appointed effective September 1, 1984 to assist that program in meeting anticipated workload increases during FY 1985.

Perhaps the best indication of the clinic's overall performance is found in the recent results of the DM&S sponsored Patient Satisfaction Survey administered during the week of November 30, 1983. Survey results were divided into four categories: all patients; medical patients; mental hygiene patients; and dental patients. Over 91 percent of the time, the clinic was well above the acceptable level of favorable responses established by DM&S for each criterion in each patient category. In addition, the clinic conducted its own outpatient satisfaction survey during the week of March 12, 1984. While the survey encompassed more clinical activities, the results were similar. The positive outcome of these surveys is testimonial to the quality and effectiveness of services delivered at the clinic.

In summary, the Toledo Outpatient Clinic, as a satellite facility to the Veterans Administration Medical Center, Ann Arbor, has developed into a major provider of primary health care services for veterans residing in the Toledo area over the last five years. With the appointment of Mr. John Kuhn, Assistant to the Director, to serve as the Interim Administrative Director in March 1984, the medical center demonstrated our ongoing commitment and concern to stimulate communication and to ensure appropriate interfacing between staff members both in Toledo and Ann Arbor to derive maximum utilization of available resources. With continuing interest and support from the parent facility, the clinic will continue to deliver quality health care services in an efficient, cost effective manner.

PREPARED STATEMENT OF WILLIAM A. BEARD

For several years I have been involved with veterans and their problems, and can personally relate to their difficulties with the Veterans Administration. My personal contact with the VA began in 1978, when I went to them for health problems I had been experiencing for several years. By talking with other veterans, I realized my problems were not unique, but were similar to what other Vietnam veterans were experiencing.

Unfortunately, I also learned just how inadequate the VA health care system really was. When going for care, there are usually long waits, even if you have an appointment. The doctors forget who you are, and what your particular problem is, even if they had asked you to come in for a consultation. The VAs record of psychiatric care has been to start programs, only to drop them incomplete, leaving the veteran the only loser. Some doctors, when told their treatment is ineffective, instead of working with you on finding the proper treatment, will tell you to see another doctor. This however, doesn't help your problem as you have to wait for several more months to see the other doctor. Usually the next doctor is equally uncaring. Sometimes X-rays are taken, but not looked at.

A trip to the VA is usually an experience in frustration. In the years I have went to the VA, they have not effectively treated one of my health problems.

But my problems with the VA are small compared to the problems experienced by other veterans. Most of them are afraid to come forward because of the fear of losing what benefits they have acquired. Some of these veterans suffering from PTSD so bad, that they can't hold on to jobs or lead normal lives. They are dependent on their meager checks from the VA. They are afraid of a bureaucracy who is answerable to no one. A bureaucracy who can sue a veteran, but who can't be sued in return. Positive changes are needed. Changes that would end the enactment of veteran care programs only by the whim of a VA hospital Administrator. It's up to you, the Congress of the United States of America. Please listen to the testimony being given, and vote for the veteran who has paid the price by his service to his country.

PREPARED STATEMENT OF BENNIE L. RAYFORD

I entered the U.S. Navy in 1944 and was discharged from the navy in 1947 from the Navy Hospital in Millington, Tenn. During my stay in the Navy while aboard the USS San Marcus LSD #25 for some unexplained reason I was diagnosed as having syphilis even though the records at that time indicate there was no treponema pallidum found in the test given. This resulted in me being labeled as S Class 9 1944 for some reason up to this point that has not been explained to me. I was subjected to series of treatments that gave the appearance of treating me for syphilis, but was not in keeping with the directives required at that time for the treatment of syphilis. The directives required that any person diagnosed as having syphilis that that person be treated with penicillin in a prescribed dose. My records indicate that this privilege was given to me, that is to take penicillin. Instead I was treated with macpharsen and bismult. Here again this treatement was inconsistent with the prescribed dosage outlined for macpharsen and bismult, in the treatment of syphilis.

In 1946 at the time when I was expecting to be discharged from the Navy I was informed that I needed a more thorough examination before being discharged, and that examination required that I be taken to the U.S. Navy Hospital, which was just down the road from the Naval Air Station there in Millington, Tenn.

For that examination I spent the next eleven (11) months in the hospital, confined, confused and abused until discharged in May 1947.

While there in the hospital for the first six months I was confined to the bed even though the records available to me would indicate different. The records that are available to me would indicate that I was up and about and going on leave on the weekends from the hospital when in reality I was confined to bed with only bathroom privileges only for the first six months. Part of my records would give concern for me having EKG problems that was later diagnosed as having rheumatic fever. Part of my records would indicate a continuous concern for examinations that relates to the study of syphilis and its residuals (perhaps the two different service numbers is the reason). My records also indicate that during that first six months nothing was wrong and therefore was ordered discharged from the hospital. This decision was overruled. During all this confusion I was retained in the hospital for a total of eleven (11) months. When I was finally discharged from the hospital I was given what I thought was a medical discharge for rheumatic fever. I was given instruction to file for disability compensation from rheumatic fever. As soon as I filed for disability consideration I was requested to return to the hospital only this time it was to the Kennedy General Hospital for Veterans in Memphis, Tenn.

Upon arrival there at the Kennedy General Hospital I took ill with sharp-shooting pains through my legs, only to be informed that I was not to be given any medication because I was there strickly for observation. No matter how much I complained even to Chaplain nothing was done to ease the pain that I was experiencing at that time. The partial records that are available to me indicate again that there was a series of examinations scheduled for me that had nothing to do with rheumatic fever. The scheduled examinations was again related to the study of syphilis and related residuals dealing with Neurosyphilis. Records available to me indicate that a decision was made at the hospital to say that I was discharged from the Hospital before my official records arrived from the VA office in Jackson, Mississippi. Discharging me from the Kennedy General hospital without those series of tests as requested by the VA office in Jackson, Mississippi resulted in the VA office in Jackson placing a form 2504 in my file that stated their intent to have me return for a series of examinations in 1951 would be four years later. This again was a continuous investigation in the area of Neurosyphilis and had nothing to do with rheumatic fever, for which I was discharged from the US Navy Hospital for. All this Neurosyphilis investigation was planned for me, concealed from me, while I thought I was being evaluated for rheumatic fever. The plan is clear to me now. I was a part of the plan to carry on the experiment Neurosyphilis in black veterans. All of this time the medical directives stated that all persons should be given penicillin for syphilis except those persons determined to be studied for Neurosyphilis.

This decision to study me for Neurosyphilis allowed me to be placed in a class referred to as S Class 9 1944 and required that penicillin be with held from me as the best available method of treatment.

How and when a Treponema Pallidum was found still escapes me. Tests given to me at the VA Hospital in Ann Arbor in 1982 indicated that there was still latent syphilis and recommended that I be given adequate penicillin treatment as soon as possible. For this treatment I requested that I be treated in a private hospital instead of the VA Hospital in Ann Arbor, Michigan.

Investigation by me indicate that in 1944 the same individuals that managed the Tuskegee Study (study of neurosyphilis in Negroes) was in charge of the Veneral Disease unit in the military service, and developed a plan to do an extended study of Neurosyphilis in the military service.

My first reference to the experiment being carried on in the military comes from a book commissioned by the US Public Health Department to study the medical contributions made by the military service in WWII. (1)*

Here we find an unauthorized experiment was conducted in the military service. this unauthorized study was known as TB MED 48. Further investigation indicate that Dr. J.E. Moore insisted that this study be continued, just as he and other PHS Officers insisted on continuing the "TUSKEGEE STUDY". Further investigation indicate that the debate within the medical profession has two different opinions as to how the experiment should procede. One body of medical professionals along with the PHS Officers thought that the experiment should contain Negroes defined in two catagories as Southern Negroes and Northern Negroes, while the other side thought that the experiment should be divided as Pure Blooded Negroes and Mulattoes. This information is contained in the minutes of the National Academy of Science meetings held at the request of the Surgeon General Dr. Perrin Long starting in 1940. Under the management and control of the department of Veneral Disease Control.

If this committee is truly concerned about the health care of all it's citizenry, then that should include the Blacks as well as the Whites. This committee will assist me in getting all the facts that relates to the thinking, the planning, and the implementation of an experiment on me and other blacks in the military service in WW II. This experiment was part and parcel of the continuation of the "TUSKEGEE STUDY".

It is with this in mind that I am requesting that all information developed by the US Public Health Service on the study of Veneral Disease Control starting in 1940, be put under carefull examination to determine to what extent this experiment was carried out. There should be a determination as to what extent that experiment had on me and other blacks all across this United States. This requires a thorough examination of all the contacts and communications by those individuals working in the US Public Health Service connected with the study and treatment of veneral disease from 1935–1972, as was done in the investigation of the TUSKEGEE STUDY, because the same individuals that planned and implemented the "The TUSKEGEE STUDY" are the same individuals that implemented and managed TB

MED 48. The study of NEUROSYPHILIS in the Military Service. This experiment is the counter part to the "TUSKEGEE STUDY".

In closing I leave each of you with this. If you really care about the health and welfare of all the veterans then each of you will surely direct some of your time to assist me in clearing up this cloud of confusion that hangs over me each day that ask, why me? Who am I? What is my actual health condition? What happened to me while I was in the military service? Why must this cold and careless act by the medical profession be concealed any longer? What is your responsibility as a member of this committee to the thousands of blacks that served so faithful during WW II.

May God be with each of you as you ponder this delima along with me.

No. 3-071

NATIONAL VETERANS AFFAIRS AND
REHABILITATION COMMISSION
THE AMERICAN LEGION
VISITATION REPORT
OF
VETERANS ADMINISTRATION OUTPATIENT CLINIC
TOLEDO, OHIO
DECEMBER 5 - 6, 1983

Date Received: January 4, 1984
Type of Facility: Outpatient Clinic

JOHN R. VITIKACS
National Field Representative
The American Legion
1608 K Street, N.W.
Washington, D.C. 20006

VETERANS ADMINISTRATION OUTPATIENT CLINIC
TOLEDO, OHIO

I. INTRODUCTION

During the period December 5-6, 1983, a regularly scheduled visitation was conducted at Veterans Administration Outpatient Clinic (VAOPC) Toledo, Ohio. The purpose of this visit was to assess the quality, quantity, and timeliness of health care currently being provided to veteran beneficiaries.

Coordination: Notification of the planned visit were forwarded to Mr. John J. Carson, Director, Veterans Administration Medical Center (VAMC) Ann Arbor, Michigan; Ms. Barbara Defever, Chief Medical Officer, VAOPC Toledo, Ohio; Mr. J.P. Hone, Department Adjutant; and Mr. Donald R. Lanthorn, Department Service Director, The American Legion, Department of Ohio.

Statistical Information: Data pertaining to personnel on duty, personnel shortages, patients on the rolls, and operating costs is attached.

Professional Affiliation: The clinic has no affiliation.

Hospital Accreditation: The Joint Commission on Accreditation of Hospitals (JCAH) conducted a formal survey in May 1983. The facility received a three year accreditation decision contingent upon a focused survey to be conducted at a later date. There were nine contingencies and seven deficiencies noted during this survey.

MISSION OF MEDICAL CENTER

Guidelines for the operation of a satellite outpatient clinic as a provider of primary care services are defined by VA officials at the Washington, D.C. level (VACO) as (1) nonspecialty ambulatory care, or a total assessment of the patient's health care needs before secondary or tertiary care is sought; (2) provision of follow-up care for chronic illness which has been previously treated but is now stable; (3) follow-up care for post-surgery patients, and (4) comprehensive ambulatory mental health services which would focus on the personal, social and family dimensions of the patient's problems.

Services which were determined to aid in the cure and prevention of disease, as well as the rehabilitation of clinic patients, were designated to be General Medicine; Rehabilitation Medicine; Prosthetics; Outpatient Psychiatry; Radiology; Laboratory; Dentistry; Dietetics and Pharmacy. Patients requiring hospitalization or the care provided by speciality and subspecialty categories of medicine are referred to the parent institution.

Adequacy of Funds and Personnel to Permit the Satisfactory Performance of the Assigned Mission.

Anyway the sentence is written, words alone can not convey the seriousness of the deficiencies found during this survey. Starting with no clear line of authority structure to a gross shortage in staffing, the clinic is not meeting its mandate of providing timely or quality health care to veteran beneficiaries In addition, the morale of the clinic employees, on the whole, was terribly low. Why is this situation so? Apparently the parent facility (VAMC Ann Arbor) of this clinic is unable to provide adequate support through funding and staffing. Based on the only VACO staffing guidelines available for outpatient clinics, the clinic is 19 FTEE under its optimal strength. This figure is based on one employee for every 500 patient visits. Since this clinic is a satellite of another facility, it is difficult to obtain precise figures on what the actual funding is for the clinic's operation. For example, for Fiscal Year (FY) 1984 the clinic appears to the funded adequately for its patient load. However, since the clinic is provided personnel support from its parent facility, approximately $500,000 of funded clinic money is used to support the parent facility's personnel cost. This condition has created serious consequences.

The major findings at the Toledo Outpatient Clinic are the following:

1) veterans are not receiving appointments in a timely manner. This applies to service-connected and nonservice-connected clients.

2) veterans are not receiving quality health care due to there being an insufficient number of personnel to provide the depth of care necessary.

3) employee morale is extremely low.

4) the Joint Commission on Accreditation of Hospitals (JCAH) cited nine contingencies and seven deficiencies in its most recent survey.

5) a significant deficit exists in the established lines of communication between the clinic and the parent facility.

The Medical District Initiated Program Plan (MEDIPP) projects that the clinic will sustain 41,000 outpatient visits by 1990. This figure compares with 33,000 visits during FY 1983. This figure is indicative of the increasing eligibility of aging veterans in the Toledo area.

Ophthalmology and audiology/speech therapy services are offered to veterans thru the Ann Arbor (VAMC).

REGIONALIZATION

Presently, the Toledo OPC has no formal affiliations. The clinic is part of Medical District 14, VA Great Lakes Region #4.

MEDICAL ADMINISTRATION SERVICE

Over the past four years this service has had its FTEE reduced while workload continues to increase. The following is a break down of this trend.

FY80 - 27,105 visits	18 FTEE
FY81 - 32,009 visits	17 FTEE
FY82 - 31,542 visits	10 FTEE
FY83 - 33,194 visits	11 FTEE + 1 temporary

This reduction has resulted in a paralysis of the efficiency in the clinic's operation. Since seven MAS positions were disencumbered between FY 1981 and FY 1982, the duties originally assigned to those seven positions have not been comfortably assumed by other incumbents. Today, this situation is taking its toll on employees and on clinic operations.

There is only one supervisor for the entire MAS staff. Dictation equipment and the stenographic pool have been removed. It is taking approximately three to four months for a non-service connected veteran to obtain an initial physical. The morale of the staff is very poor. To compound this service's difficulties, charts of clinic patients sent to VAMC Ann Arbor take six to eight weeks to be completed and returned. At the time of this survey 75 charts of 137 were being held at Ann Arbor over a 90 day period. Many veterans who have follow-up appointments scheduled at Toledo have had to have their appointments cancelled because their charts were not unavailable.

To further complicate this service's efficiency, the specialty clinics within the facility are under staffed and veterans cannot be given timely appointments. For example, nonservice-connected veterans can only secure a one-time referral to the Mental Health Clinic. Afterwards they have to be referred to community services by an under staffed Social Work Service. Service-connected veterans are included in fee-basis for the Mental Health Clinic. The clinic as a whole has serious deficiencies and about every service is a cancer situation which affects other components.

The current number of daily visits is the same (135) as when the 7 FTEE were disencumbered from this service. Either medical center or clinic management may be faced with the decision to reduce the average number of daily visits. However unpopular this could be, the only alternative is to have the clinic's staff increased.

Agent Orange examinations throughout the State of Ohio increased in 1983 at VA facilities. A new State law calls for Ohio Vietnam veterans to be studied for possible effects of Agent Orange exposure. In conjuction with the Ohio State University, the State legislature has appropriated funds for a study to be conducted by OSU. The result of this publicity has increased the level of participation in VA sponsored Agent Orange examinations.

At the Toledo OPC, the increase in Agent Orange examinations has created a further backlog in clinic appointments. At this time Agent Orange examinations are accomplished in a six to eight week time frame.

MEDICAL SUPPORT SERVICES

Medical Service: There are two full-time, one three-quarter time, and two half-time physicians providing medical treatments. The Chief Medical Officer has assumed an administrative status. The Chief of the Medical Service spoke of an immediate need to supplement the physician staff. Again the alternative to not increasing this service's staff, may be to reduce the number of patients treated on a daily basis.

Currently, scheduling appointments is a general clinic problem. The effects of this situation in general medicine clinics is extremely negative. Physicians are allotted 15 minutes for appointments. There is not enough time to see new patients. In order to perform a complete physical, a minimum of 45 minutes is necessary. Currently, physicians cannot perform complete physicals due to time constraints. Veterans coming into the walk-in clinics are not physically examined for the condition which brought them in. Rather, they verbally communicate their distress and, if the physician determines the situation to be non-acute, a prescription is written, if necessary.

There are 30 to 60 walk-in visits daily. The physicians are over burdened in this area. Agent Orange examinations are back-logged. It is taking a minimum three to four months to schedule a regular patient visit, sometimes longer. This situation is described here as it was reported throughout the clinic.

If one or two service chief's reported this situation, then these situations could be isolated cases. However, as each service reported similar circumstances, there is reasonable cause to suspect that the complaints are not exaggerations. In the medicine clinics, if the Chief Medical Officer assumed a portion of the patient load, then the clinics 5.1 assigned physicians would all be contributing to support the workload. However real this option is, the physician in charge reported that an additional 1.5 FTEE physicians are needed on a full-time basis.

Nursing Service: This service voiced no major concerns. For the level of primary care provided, nurse staffing was described as sufficient. All of the nurses on duty are RNs. Each nurse is rotated through various clinics on a timely basis. A triage area is established for emergency treatment.

The nurse coordinator reported that general medicine clinics are not providing veterans with the frequency of treatment which their conditions require. This statement was echoed throughout the various services within the clinic.

Rehabilitation Medicine Service (RMS): A unique situation exists within RMS. While the regular staff consists of one physical therapist, and one physical therapy aide, the Chief of Rehabilitation Medicine at VAMC Ann Arbor provides an additional 16 hours a week coverage. The coverage provided by the Chief helps to compensate for a lack of permanent staff.

Equipment within this service is superior. Electromyography assessments are accomplished within the clinic. The nature of the primary care clinic provides ambulatory patients with easy accessibility. The workload fluctuates between 16 and 22 patients a day.

The biggest shortcoming within the service is that there is no clerk support for general duties, i.e., answering telephones, typing etc. It was reported that the Chief and the therapists must often leave patients to provide their own answering service. One floating clerk could provide better coverage to the clinics services. Prosthetics coverage was reported as adequate, but not luxurious.

Pharmacy Service: Veterans Administration Central Office (VACO) guidelines reflect a 6.1 FTEE level for the FY 1893 workload of 136,000 prescriptions. The service has 4.5 FTEE assigned. It was reported that an additional 1.5 FTEE is needed immediately. The volume of 500 daily prescriptions was cited as justification for the additional personnel request.

Currently, the service utilizes work-study students and volunteers to help meetthe workload. The Chief said the service was being penalized for being efficient. The workload is being maintained. However, without the non-VA help, this service would be hard pressed to provide the level of services demanded.

There are no restrictions on over-the-counter prescriptions for nonservice-connected veterans. The Chief expressed a need to hire a clinical pharmacist. Currently the Chief is overloaded with supervisory duties and pharmacy duties. If the VA is willing to lose good people, through job frustrations, then the current status quo can be maintained. If not, then situations like the one in this pharmacy must be corrected. Additional VA support is needed.

Social Work Service: There are 2.0 FTEE assigned to this service. Authorization has been granted to increase staffing by one FTEE. However, since the parent facility controls the purse strings, an additional position has never been granted.

It was reported by this service and several others that clearly established lines of communication with the parent facility are ambiguous at best. Oftentimes clinic personnel wonder who is presenting the clinics situation to Ann Arbor and if it is being presented at all. Dissention and poor morale were evident throughout the clinic. Poor leadership within the clinic was noted on several occasions.

The Social Work supervisor reported that patients are not contacted as frequently as neccessary due to the lack of staff. The service is providing coverage to the general medical clinics and to the walk-in clinics. In addition, the service provides coverage to 10 to 15 nursing homes in Ohio and Michigan. There is no formal POW program nor spinal cord injury program. The supervisor has the additional responsibility of being the coordinator of the visually impaired/blind rehabilitation program for Northern Ohio.

Social Work has the responsibility of providing coverage to the 850 - 900 veterans on the Mental Hygiene Clinic (MHC) rolls. There is no full-time social worker assigned to the MHC. This situation will be further covered in the Psychiatry section of this report.

Dental Service: Support staff was critically absent from this service. Dentists are performing clerical functions and hygienist functions by themselves. The staff now consists of two dentists and two dental assistants.

The Chief Dentist explained that more patients could be seen and treated if the service secured a clerk/receptionist and a hyggientist. Currently, there is a two to three week minimum backlog for scheduled appointments. The Chief estimated that output would be increased by 40 to 60 percent if the above two positions were obtained. Some laboratory procedures are also conducted by the dentists. This in turn takes away from chairside productivity. An average of 16 to 22 patients are being treated each day by each dentist.

The range of services includes oral surgery, preventive dentistry, root canals, dentures, bridges, crowns, prothesis, and follow-up care.

When the clinic was first opened in 1979, the dental service had a laboratory technician and a hygienist on staff. Since then the positions have been lost to attrition. The Chief described the basic staffing component needed as two dentists, two dental assistants, one hygienist, one laboratory technician, and one clerk/receptionist.

A dental affliation with the Medical College of Ohio, located in Toledo, was described as highly desirable.

Psychiatry Service: This service reported that there was a communication problem between the clinic and the parent facility, VAMC Ann Arbor. The opinion was expressed that decisions are made concerning the clinic in Ann Arbor without input from the clinic. Among the myriad of problems existing at this facility, this seemed to loom as one of the largest.

The Chief maintained that the quality of patient care is being compromised in the Mental Health Clinic (MHC). Staffing is not up to basic VA standards. There is a definite need for a full MHC team. Currently the psychiatrist is .6 time. The psychologist on staff is .8 time. There is one psychiatric nurse and no psychiatric social worker within the clinic. Social work does not provide sufficient coverage to psychiatry. The Chief surmised that a full MHC team is needed with an additional .5 psychiatrist.

The service is not meeting the needs of the service-connected or nonservice-connected veteran. The service-connected veteran is usually on fee basis because of the lack of staff. Nonservice-connected veterans almost always are referred out to community services. With a high number of walk-in clients, and quality assurance demands, the present staff has little time to adequately treat the patient. As a veteran, I would hesitate seeking psychiatric treatment at this clinic as there is evidence that proper counseling and therapy are not available.

Psychology Service: The psychologist is at the clinic four days a week. The psychiatric services available at the clinic were described by the psychologist as poor. The current Mental Hygiene Clinic (MHC) team consists of approximately 3.0 FTEE or less. The team consists of a .4 psychiatrist, .6 psychologist, .6 social worker, who is not a psychiatric social worker, and a full time nurse. The total staff averages 2.6 FTEE. The clinic lost a psychiatric social worker 2 years ago and this position has never been replaced.

The psychologist sees a need to establish a full time MHC team immediately. In one or two years down the road an additional psychologist and psychology technician would be necessary.

There are no provisions to provide therapy at the clinic for alcohol treatment, day treatment, or a day hospital. Under the MEDIPP proposal there are no plans to implement these programs. Alcohol counseling is provided through community resources.

III. CONCLUSIONS

The conclusions to this report are very plain and simple. Veterans are not being provided with the quality, quantity and timeliness of health care one should expect at a VA facility. The quality is adversely affected because appointment times when available are cut short. The quantity is adversely affected because veterans cannot receive the depth of services necessary. The timeliness is adversely affected due to long delays in scheduling and by having appointments cancelled due to the long delays in receiving charts from VAMC Ann Arbor.

The following services were found to be deficient in staffing: Pharmacy - Medical Administration - Dental - Social Work - Laboratory - Radiology - Psychology - Psychiatry - Medicine. The manpower at the clinic needs increasing to provide better services to the veteran. How many positions are needed, and where? If the clinic was up to a 1 FTEE per 500 visit staffing level, then 19 additional FTEE would be required. How much additional salary funds would be required to provide the necessary staff support? Certainly, some of the $503,195 that VAMC Ann Arbor claims as support salaries should be closely examined by VA Central Office to substantiate the claim. A breakdown of the 17.5 FTEE which Ann Arbor claims to help oversee the Toledo OPC has been requested from the Director at Ann Arbor. This information, if accurate, should be provided to the management of the clinic and further disseminated to the clinic staff to dissolve fears that they are being shortchanged.

Morale among clinic employees is extremely poor. Much of the morale problem is due to the sensitivity that veterans are not receiving sound medical treatment. The staff is very willing and capable of providing high quality care. However, when day in and day out one feels defeated, then the decline in morale begins.

The most recent (May 1983) JCAH survey found the clinic deficient in too many areas. With the clinic not being an acute care facility, JCAH was extremely lenient in its accreditation decision.

A significant problem in communication between the clinic and VAMC Ann Arbor was noted. With a strong administrator the clinic could relate its difficulties more directly to the Chief of Staff at Ann Arbor. Apparently, the management at Ann Arbor is not totally aware of the seriousness of the Toledo situation. A strong parent/weak child relationship seems to exist between the two facilities.

A serious question in funding comes into question between the two facilities. Toledo is funded at 2.9 million level for FY·1984. However, only 2.4 million of this amount is provided to the clinic's operation. Over $500,000 is used by Ann Arbor to support its claim of providing 17.5 FTEE to provide support functions to the clinic. Until a complete breakdown of this 17.5 figure is provided by VAMC Ann Arbor, and critically examined, serious questions concerning the validity of this figure exists.

The final solution to the clinics shortcomings will be to increase communication with VAMC Ann Arbor, and get more staff help. The possibility exists that the level of staff morale and services available to the veteran will continue to erode if some positive remedial steps are not soon forthcoming.

IV. RECOMMENDATIONS

Background data and assessment on each of the following recommendations for this VA health care facility will be found in the Observation and Conclusion sections of this report.

1. The American Legion recommends that the Ann Arbor VAMC and VA Central Office jointly review the staffing needs of the Toledo OPC and make a determination of what critical vacancies exist.

2. The American Legion recommends that a full Mental Hygiene Clinic (MHC) team be assigned to the Toledo OPC.

3. The American Legion recommends that VA Central Office review the staffing requirements of the Medical Administration Service to determine current staffing needs.

4. The American Legion recommends that the authority structure of the clinic's services be clearly established by the Chief Medical Officer, in relation to VAMC Ann Arbor, and made known to individual service chiefs.

5. The American Legion recommends that the Medical Administration Service at VAMC Ann Arbor establish clearer lines of authority for the responsibility of providing the Toledo OPC with more timely service in securing patients' charts.

6. The American Legion recommends that VAMC Ann Arbor provide the Toledo OPC with a complete breakdown of the 17.5 FTEE support personnel being charged against them as overhead salaries.

The Chief Medical Officer concurs with all of the recommendations.

The American Legion FSR: No. 3-0/1

VETERANS ADMINISTRATION OUTPATIENT CLINIC VISIT STATISTICAL REPORT

LOCATION 2333 Glendale Ave. Toledo, OH 43614 DATE OF INFORMATION 11/28/83

CLINIC DIRECTOR Dr. Barbara A. Defever

CHIEF OF STAFF Dr. Peter M. Burkholder

STAFF

TOTAL OUTPATIENT CLINIC PERSONNEL (FTE) 45.6
OFFICE OF DIRECTOR 5.9
MEDICAL PERSONNEL
FULL-TIME 25.0
PART-TIME 6.6
ADMINISTRATIVE PERSONNEL 14.0
(* = BREAKDOWN OF POSITIONS) provide organizational chart

PHYSICIANS (FTE BY SPECIALTY) 5.1
(3.5 GM; 1.0 Admin.; and .6 Psychiatry)
REGISTERED NURSES 4.5
LICENSED PRACTICAL NURSES 0
NURSING ASSISTANTS 0
*OTHERS

FISCAL YEAR STAFF VISITS CUMULATIVE TO DATE 5425

TOTAL VISITS LAST FISCAL YEAR 33,244

FISCAL YEAR FEE BASIS VISITS CUMULATIVE TO DATE N/A

TOTAL VISITS LAST FISCAL YEAR N/A

VA FORM 10-10 APPLICATIONS FOR MEDICAL TREATMENT
RECEIVED LAST FISCAL YEAR 1856
NUMBER OF APPLICATIONS ACCEPTED 1841
NUMBER OF APPLICATIONS REJECTED 15

VA FORM 10-10 APPLICATIONS FOR MEDICAL TREATMENT
RECEIVED THIS FISCAL YEAR TO DATE 380
NUMBER OF APPLICATIONS ACCEPTED 379
NUMBER OF APPLICATIONS REJECTED 1

REQUESTS FOR DISABILITY EVALUATION EXAMINATIONS (2507)
RECEIVED DURING PREVIOUS MONTH N/A
DISPOSED OF DURING PREVIOUS MONTH N/A
PENDING END OF PREVIOUS MONTH N/A

FUNDS

AVERAGE COST PER OUTPATIENT VISIT $93.92
OUTPATIENT CLINIC BUDGET ALLOCATION $2,460,649.
(THIS FISCAL YEAR) A- RECURRING $2,342,900.
B- NON RECURRING $117,749.
OUTPATIENT CLINIC BUDGET ALLOCATION $2,205,086.
(LAST FISCAL YEAR) A- RECURRING $2,094,832.
B-NONRECURRING $110,254.

MAJOR PERSONNEL VACANCIES

PHYSICIANS N/A

REGISTERED NURSES N/A

LICENSED PRACTICAL NURSES N/A

NURSING ASSISTANTS N/A

OTHERS-

(Revised July 1, 1983)

TOLEDO OUTPATIENT CLINIC
FY 1984 Cost Projection

Description	FY 1984 Estimated Cost
Direct Salaries	$1,282,429
Pharmacy	730,660
Operating Supplies	108,000
MAS Operation	80,840
Prosthetics	91,056
Bene. Travel	77,364
Engineering	40,300
Fee Basis	50,000
Total Estimated Direct Costs	$2,460,649
Ann Arbor Support-Salaries	503,195
Total Estimated Costs	$2,963,844
Funding Received	2,962,425
Net Gain/(Loss)	$ (1,419)

NOTES:

1. Directs salaries are based on 44.6 FTEE at an average salary of $28,754 for Pay Period 22, which includes all premium pay and physician special pay [44.6 FTEE x $28,754 = $1,282,429].

2. Control Point Projections are based on the individual services' projected needs as submitted during the FY 1984 budget process.

3. Ann Arbor support salaries are based on 17.5 FTEE at $28,754 average salary [17.5 FTEE x 28,754 = $503,195].

4. Funding received for FY 1984 is based on an FY 1982 actual workload level of 31,542 outpatient visits and an adjusted weighted work count unit cost of $93.92 [31,542 x $93.92 = $2,962,425].

The net loss of $1,419 generated by the Toledo Outpatient Clinic is absorbed by this Medical Center. In addition, each visit over 31,542 costs this Medical Center $93.92. For example, FY 1984 authorized visits for Toledo are 36,000; 4,458 visits over funded levels, which will cost Ann Arbor and additional $418,696 [4,458 visits x $93.92].

Testimony of
John L. Grandowicz
Member
National Association of Atomic Veterans
To be submitted to
Subcommittee on Hospitals and Health Care
of the
Committee on Veterans Affairs
U.S. House of Representatives
Toledo, Ohio
August 13, 1984

My name is John L. Grandowicz. I served with the U.S. Army, 369th Engineer Amphibious Support Regiment, Company E, Engineer Shore Battalion. I served in the Army from 1951 until 1954.

I was responsible for feeding my fellow soldiers near Ground Zero at the Nevada Proving Ground from Autumn, 1951 until Spring, 1952. As Mess Sergeant, I was present for seven atomic tests. I was close enough to the test site to see my buddy's bones through his skin as we crouched in a fox hole during the blasts. When we would stand up, the concussion from the blasts would throw us back against the side of the fox hole.

The symptoms I experience now, which I attribute to my presence during atomic testing, are pressure and aching in my long bones and spine; internal bleeding when blood will appear in my bowel movements and on the surface of my calves and inner arms; and nervous disorder, possibly as a result of the pain and pressure in my spine. Many other atomic veterans I have met describe similar symptoms.

I am rated 100% service-connected disabled by the VA for ulcer colitis. None of my symptoms are recognized by the VA as related to or caused by exposure to radiation. I am receiving treatment for my symptoms. However, most of my fellow atomic veterans with similar symptoms receive no help from the VA.

I visit the VA's Toledo Outpatient Clinic and the VA's Ann Arbor hospital regularly. I feel that the staff, although friendly and competent, has little or no knowledge of the effects of radiation exposure and, therefore, are unable to properly diagnose and treat the symptoms of atomic veterans. Even X-ray technicians I have talked with have no knowledge of the effects.

I believe that veterans who may have been exposed to radiation during their service at or near atomic test sites and bomb sites should have access to physicians knowledgeable of radiation exposure. The VA should test these veterans for radiation exposure levels.

The federal government should acknowledge responsibility for veterans exposed to radiation during military service. A major problem now for veterans seeking assistance for symptoms of radiation exposure is that their private health insurance companies will rule these symptoms "pre-existing" and will not cover the cost of treatment. Yet, the VA will not acknowledge the symptoms as "service-connected" and, therefore, will not cover the cost either.

In addition, many of the children of atomic veterans, including one of my own, are experiencing medical problems--cancer, bleeding as I've described above--which may be attributable to their fathers' radiation exposure.

Atomic veterans are caught between a rock and a hard place. They have medical problems which no one understands. They cannot get the government to acknowledge a correlation between their medical problems and their military service. Neither private health insurance companies nor the VA will pay for diagnosis and treatment. They see their children encountering medical problems and they are helpless to explain and provide assistance to them.

Atomic veterans served their country and now feel scared and helpless. The federal government must acknowledge their problems and do something to help them.

Thank you for the opportunity to submit this testimony.

John L Grandowicz

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